



CROW CANYON
 ARCHAEOLOGICAL CENTER
 Discover the Past, Share the Adventure

Program: _____

Dates: _____

Last name (printed): _____

Travel Plan

Reminder! Return this form with your final payment **45 days before** the start of your program.

Please Print Legibly!

Name: _____

Daytime Phone: (____) _____ Evening Phone: (____) _____

Cell Phone: (____) _____

Arrival

Your program begins on campus on Sunday.

Registration is from 2:00 to 5:00 p.m. Please schedule your arrival between these hours.

Dinner will be served at 5:30 p.m., and the evening program begins at 6:30 p.m.

Please check one and fill in all information:

I will be arriving at the (circle) Durango Airport (DRO) or Cortez Airport (CTZ).

Flight #: _____ Time: _____

I will be arriving by car at: _____ (Please give approximate time between 2:00 and 5:00 p.m.)

Departure

Your program ends on Saturday, at 8:30 a.m.

Please check one and fill in all information:

I will be departing from the (circle) Durango Airport (DRO) or Cortez Airport (CTZ).

Flight #: _____ Time: _____

I will be departing by car at: _____ (Please give approximate time between 8:30 and 11:00 a.m.)

**Important! Provide itinerary or eTicket documentation to
 Crow Canyon 45 days before the start of your program.**

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