Field of Dreams Tour Registration Form

Trip starts/ends near Minneapolis/St. Paul International Airport, August 15-21, 2022

Name					
Address					
City			State Zip		Zip
Home Telephone				_, Cell	
Email					
First/Last Names of Additional Travelers	2 3				
Rooming Requ	est: Put	an "X" on the	e appropriate	line (all roon	ns non-smoking).
Single:		\$2,200			
		\$1,600/person  If choosing this rate, how many beds will you need?  Circle One: King Bed or Double Beds			
		\$1,475/pe	\$1,475/person		
Qı	uad:	\$1,400/pe	rson		
Enclosed is my che	eck for \$	(\$30	0/person) as a c	leposit for	people (or person).
Please make check	c payable a	and mail to:	110 Cypre	eball Tours, sswood Lan Falls, MN 56	e
Upon receiving re when final trip info How would you lil	ormation v	will arrive, and	•		iving it, to let you know te questions.
	Call H	lome,	_ Call Cell,	Text,	Email