

**Hall of Fame Tour Registration**  
Friday, August 2 - Monday, August 12, 2024

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Telephone \_\_\_\_\_, Cell \_\_\_\_\_

Email \_\_\_\_\_

First/Last Names	1. _____	t-shirt size	_____
of <u>Additional</u>	2. _____		_____
Travelers	3. _____		_____
	4. _____		_____

**Rooming Request:** Put an "X" on the appropriate line (all rooms non-smoking).

\_\_\_\_\_ **Single:**        **\$4,250**

\_\_\_\_\_ **Double:**       **\$3,500/person**

If choosing this rate, how many beds will you need?

Circle One: **King Bed** or **Double Beds**

\_\_\_\_\_ **Triple:**        **\$3,300/person**

\_\_\_\_\_ **Quad:**         **\$3,100/person**

Enclosed is my check for \$\_\_\_\_\_ (\$300/person) as a deposit for \_\_\_\_\_ people (or person).

Please make check payable and mail to:

**Bob's Baseball Tours, LLC**  
**110 Cypresswood Lane**  
**Redwood Falls, MN 56283**

Upon receiving registration/deposit, I will contact you to confirm receiving it, to let you know when final trip information will arrive, and to ask if you have immediate questions.

How would you like to be notified:

\_\_\_\_\_ Call Home, \_\_\_\_\_ Call Cell, \_\_\_\_\_ Text, \_\_\_\_\_ Email