Tour #2 Registration

Saturday, August 1 - Monday, August 10, 2026

Name _____

Address _____

City _____ **State** _____ **Zip** _____

Home Telephone _____**, Cell** _____

Email _____

First/Last Names of Additional Travelers

1. _____ **t-shirt size** _____
2. _____ _____
3. _____ _____
4. _____ _____

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

_____ **Single:** **$4,000**

_____ **Double:** **$3,200/person**
If choosing this rate, how many beds will you need?
Circle One: **King Bed** or **Double Beds**

_____ **Triple:** **$3,000/person**

_____ **Quad:** **$2,800/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, _____ Text, _____ Email