

Tour #2 Registration Form

9 Days, June 18-26, 2017

Name _____

Address _____

City _____ State _____ Zip _____

Home Telephone _____, Cell _____

Email _____

First/Last Names	1. _____	S	M	L	XL	XXL
of All Travelers	2. _____	S	M	L	XL	XXL
*circle shirt size	3. _____	S	M	L	XL	XXL
*please print clearly	4. _____	S	M	L	XL	XXL

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

_____ **Single: \$2,450**

_____ **Double: \$1,950/person** If choosing this rate, how many beds will you need?

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

_____ **Triple: \$1,850/person**

_____ **Quad: \$1,750/person**

Tour begins at hotel near Minneapolis - St. Paul International Airport and ends at hotel near Miami International Airport. Each hotel offers free shuttle service to/from the airport.

Enclosed is my check for \$_____ (\$200/person) as a deposit for _____ people (or person).

Please make check payable and mail to:

Bob's Baseball Tours, LLC

Final payment due by May 1.

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