

Tour #3 Registration Form

6 Days, Tuesday, July 31 - Sunday, August 4, 2019

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: \$1,650**

_____ **Double: \$1,295/person** If choosing this rate, how many beds will you need?

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

_____ **Triple: \$1,150/person**

_____ **Quad: \$1,095/person**

Tour begins/ends at hotel near Minneapolis - St. Paul International Airport. The hotel offers parking for a fee and/or free shuttle service to/from the airport. Discount available for Min. travelers who won't need lodging on final night.

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 June 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