

Registration form:

CCA MN Twins Game – Wednesday, June 19, 2024

Alumni Name: _____

Guest Name: _____

Additional guests: _____

Number of tickets needed _____ at \$34 each

Check amount _____

Make check payable to "Minnesota TWINS."

Number of people arriving for the tour _____

Your cell phone number: _____

Please return registration with your check **by Wednesday, May 22, 2024.**

Mail to: **John Keefe/5236 Humboldt Ave S/Minneapolis, MN 5**