



LAWN BOWLING LEAGUE

SPRING

Tue, May 7–June 18 | 6 and 7:15 pm (teams rotate weekly)
Thu, May 9–June 20 | 6 and 7:15 pm (teams rotate weekly)

Tuesdays

Dunbar League
Castle Stuart League

Thursdays

Berkshire Red League
Friar's Head League

LEAGUE RULES AND INFORMATION

- There will be a max of eight teams per league.
- Each team can roster up to 10 players; only four compete each match.
- Team gender makeup is determined by each team.
- Rostered players must be age 16+, with non-rostered substitutes being age 12+.
- League standings are maintained.
- Each league champion receives a \$50 gift card to the Brookview Bar and Grill and a berth in the Championship Cup Tournament Sept 14.
- Game officials will be present for all league competition.
- All game equipment is provided.
- Teams with all competing members wearing white top and khaki or white bottoms will receive a bonus clothing point before the match begins.
- Teams will receive four Brookview Lawn Bowling T-shirts with their league dues. Additional T-shirts can be purchased for \$15 each. Sizes and gender for the T-shirt order should be included on registration form.
- Only flat bottom style shoes or barefoot play permitted on green. Heeled shoes are not allowed on the green.
- Full food and beverage service is available.
- 2018 teams will have priority until Tue, April 23. Starting Wed, April 24, registration opens on a first come, first served basis. League fee is \$400 per team.

BROOKVIEW
GOLF & LAWN BOWLING

200 Brookview Parkway, Golden Valley, MN 55426 • 763-512-2300 • Fax 763-512-2311

brookviewgolf.com

LAWN BOWLING LEAGUE

SPRING LEAGUE REGISTRATION

Team Name		League Choice	
Team Manager		Cell Phone	
Address	City	State	ZIP Code
Home Phone		Work Phone	
Email Address			

TEAM ROSTER

Player Name	Phone Number	Email Address
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

LEAGUE PAYMENT

League Fee: \$400/team

Payment Type: Cash Check # _____ *Make checks payable to Brookview Golf Course*
 Visa MasterCard American Express Discover

Card Number _____ Exp Date _____

Signature _____

CONSENT TO RELEASE OF INFORMATION

I authorize the City of Golden Valley, to disclose to the City's insurer, attorney, staff, coaches, participants, and other personnel involved in this program the following information: name, address, and telephone number. This information shall be used for the purpose of program administration. This consent to release information shall expire one year from the date of execution. I understand that the records are protected under state and federal privacy regulations and cannot be disclosed without my written consent unless otherwise provided by law. I also understand that I may cancel this consent at any time prior to the information being released.

Team Manager's Signature: _____

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