



# LAWN BOWLING LEAGUE

## SPRING

**Thu, May 5–June 16 | 6 and 7:30 pm**

**Berkshire Red League: 6 pm**

**Friar's Head League: 7:30 pm**

### LEAGUE RULES AND INFORMATION

- 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.
- Payouts will be awarded to top finishing teams as a gift card to the Three One Six Bar + Grill and a berth in the Championship Cup Tournament.
- 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.
- 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.
- 2021 teams will have priority until Thur, April 15. All registrations are due by Fri, April 22 at 8 pm. League fee is \$400 per team. All registrations will be date and time stamped.

**BROOKVIEW**  
GOLF & LAWN BOWLING

200 Brookview Parkway, Golden Valley, MN 55426 • 763-512-2300 • Fax 763-512-2311  
[brookviewgolf.com](http://brookviewgolf.com)

# LAWN BOWLING LEAGUE

## SPRING LEAGUE REGISTRATION

Team Name	League Choice	<input type="checkbox"/> New Team <input type="checkbox"/> Returning 2021 Team	
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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