



LAWN BOWLING RECREATIONAL LEAGUE

Summer: Mon, July 11–Aug 15 | 6 & 7:30 pm
Tue, July 12–Aug 16 | 6 & 7:30 pm

RECREATIONAL LEAGUE RULES AND INFORMATION

- **Rule #1: Get your friends together, lawn bowl, have fun**

The recreational lawn bowling league is great for beginners and casual lawn bowlers. The weekly fee of \$5 per player includes one hour of lawn bowling, equipment, a game official. Full food and beverage services are available.

- **Rule #2: Make up your team each week**

Each week your team can play with one to four players. Players will pay their individual fee Monday or Tuesday before league.

- **Rule #3: Get your team registered**

2021 teams will have priority until Fri, June 24 at 8 pm. All registrations are due by Fri, July 1 at 8 pm.

League registration fee is \$50 per team. All registrations will be date and time stamped.

NOTE: Only flat bottom style shoes or barefoot play permitted on green.
Heeled shoes are not allowed on the green.

BROOKVIEW
GOLF & LAWN BOWLING

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

brookviewgolf.com

LAWN BOWLING RECREATIONAL LEAGUE

RECREATIONAL LEAGUE REGISTRATION

Team Name	Summer League Choice	Mon <input type="checkbox"/> 6 pm <input type="checkbox"/> 7:30 pm	<input type="checkbox"/> New Team <input type="checkbox"/> Returning Team	
		Tue <input type="checkbox"/> 6 pm <input type="checkbox"/> 7:30 pm		
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: \$50/team

Payment Type: Cash Check # _____ *Make checks payable to Brookview Golf Course*

Visa MasterCard American Express Discover

Card Number	Exp Date	CVV
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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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