



# OUTDOOR PUB CURLING LEAGUE

## Winter Session 2:

Mon, Jan 30–Mar 6 | 6:30 pm

Tue, Jan 31–Mar 7 | 6:30 pm

Wed, Feb 1–Mar 8 | 6:30 pm

Thur, Feb 2–Mar 9 | 6:30 pm

## LEAGUE RULES AND INFORMATION

League Fee: \$200/team

- There will be a max of twelve teams per league.
- Each team can roster up to eight players; one to four players can compete each game night.
- Rostered players must be age 16+, with non-rostered substitutes being age 12+.
- League standings are maintained.
- Payouts and winners will be determined by the number of teams registered.
- Game officials will be present for all league competition.
- All game equipment is provided.
- All league participants should dress appropriately for outdoor weather.
- Full food and beverage service is available at the Three One Six Bar + Grill.
- **Registrations are taken until Mon, Jan 9, 4 pm. Priority given to Winter 2021/2022 Pub Curling Teams until Wed, Dec 28, 4 pm. Priority only valid to teams returning to same session/night of play.**
- Two matches played each night

**BROOKVIEW**  
GOLF & LAWN BOWLING

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

[brookviewgolf.com](http://brookviewgolf.com)

# OUTDOOR PUB CURLING LEAGUE

## SESSION 2: WINTER RECREATIONAL LEAGUE REGISTRATION

Team name	Winter League Session 2 Choice <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thur	New or returning team <input type="checkbox"/> New <input type="checkbox"/> Returning	
Team manager	Cell phone	Prior team name	
Address	City	State	ZIP
Email address			

## TEAM ROSTER

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

## LEAGUE PAYMENT

League Fee: \$200/team

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

Card Number \_\_\_\_\_ Exp Date \_\_\_\_\_ CVV \_\_\_\_\_

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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