



# LAWN BOWLING LEAGUE

## FALL

Tuesdays, Aug 7–Sept 18 | 6 and 7:15 pm (teams rotate weekly)  
Thursdays, Aug 9–Sept 20 | 6 and 7:15 pm (teams rotate weekly)

### **Tuesdays**

St Andrews League  
Turnberry League

### **Thursdays**

Prestwick League  
Gleneagle 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 Three One Six Bar + Grill and a berth in the Championship Cup Tournament Oct 6.
- Game officials will be present for all league competition.fdg
- 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.
- 2017 teams will have priority until Mon, June 18. Starting Tues, June 19, registration opens on a first come, first served basis. League fee is \$400 per team.

**BROOKVIEW**  
GOLF & LAWN BOWLING

# LAWN BOWLING LEAGUE

## FALL 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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