



# GOLDEN VALLEY *Lawn Bowling Classic*

## REGISTRATION FORM

Name		
Company		
Address		
City	State	ZIP
Phone	Fax	
Email		
<b>Your Team</b>		
#1	Name (First & Last)	
#2	Name (First & Last)	
#3	Name (First & Last)	
#4	Name (First & Last)	
<b>Payment</b> [\$80 per team due July 11]		
<input type="checkbox"/> Check	<input type="checkbox"/> Visa <input type="checkbox"/> Mastercard	
<b>Send to:</b> GV Human Services Fund Attn: Brian Erickson City of Golden Valley 200 Brookview Parkway Golden Valley, MN 55426	Exp. Date	
	Card #	
	Signature	

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- Sorry, I am unable to attend.  
Please accept my donation of \$\_\_\_\_\_ to the Golden Valley Human Services Fund.