

CINCINNATI LAWN BOWLING CLUB

Little Miami Golf Center, 3811 Newtown Road, Cincinnati, OH 45244

WWW.LAWNBOWLING.ORG

Greg Thomas, President (C: 513 884 9910)

www.greatparks.org

Golf Center (513) 561-5650

**Participants will need a Great Parks of Hamilton County vehicle pass to enter the park.

Opening Day: Saturday, April 13, 2024

Start Times: Tuesdays and Thursdays, 6:30 pm and Saturdays 10 am

Monthly Tournaments: 1st Saturday of the Month, \$5.00 fee for members, \$25.00 for Pay-to-Play

The First Monthly Tournament: Saturday, May 4, 2024.

Evening hours may change when the days get shorter toward the end of the season.

Please arrive 15 minutes early to help set up and to sign in for the team drawing. Drawings for match play will take place 5 minutes before the start times. Please be on time and signed in. Late arrivals may wait for others to play or may practice.

CLUB MEMBER CODE OF CONDUCT

- Play the game for the game's sake
- Be generous when you win
- Be gracious when you lose
- Obey the rules of the game
- Believe in the honesty of your opponents
- Conduct yourself with honor and dignity
- Honestly and wholeheartedly applaud the efforts of your teammates and your opponents.
- Do not express views on religion, race, sexual orientation or politics.

Failure to follow the code of conduct may result in your removal from the club.

2024 Membership Options **please indicate your choice*

_____ Full Membership for the season: \$190 per person

_____ Two Month Trial Membership: \$65 per person

_____ Pay-to-Play, \$20.00 per non-Tournament session; \$5 + \$20 on Tournament days – payable on day played.

_____ Please have exact amount.

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RELEASE OF LIABILITY & AUTHORIZATION: I, the undersigned, hereby authorize my participation in the Cincinnati Lawn Bowling activity/program for which I am registering. I knowingly and freely accept all risks associated with participation in this activity, and hereby release: The Cincinnati Lawn Bowling Club and its respective Board, agents, assignees, sponsors, members and volunteers from all responsibility in the event of accident or injury associated with participation in this activity/program. My signature below indicates that I am at least 18 years of age, and that I have read and understood the above information concerning participation in the lawn bowling activity/program for which I am registering.

Signature: _____

Date: _____

NAME

(Print): _____

Email: _____

Phone:

(home/cell) _____

Address:

City: _____ State _____ Zip _____

Code _____

Please pay **by check** or **Venmo @Ed-Delaet**, payable to **The Cincinnati Lawn Bowling Club**, by April 30, 2024.

If paying by check, please include it with your **completed Registration and Release of Liability Form** to

Ed Delaet, Treasurer (Phone: 513 349 5355)
2975 Walworth Ave
Cincinnati, OH 45226

***Please return this completed form even if you opt for Pay-to-Play**