



2025 ADULT GOLF LEAGUES

Men's League

Open to men ages 16 and older

Mondays, April 28-Sept 22

*tee times 3-6:30 p.m.

Couples League

Open to couples of all ages

Fridays, May 2-Sept 26

*tee times 3-6 p.m.

Seniors League

Open to men and women ages 60 and older

Mondays, April 28-Sept 22

*tee times 8-10 a.m.

St. Joe's League

Tuesdays, April 29-September 23

*tee times 1:30-3 p.m.

Women's Morning Leagues

Open to women ages 16 and older

Tuesdays, April 29-September 23

Wednesdays, April 30-September 24

Thursdays, May 1-September 25

*tee times 8-10:30 a.m.

Women's Afternoon/Evening Leagues

Open to women ages 16 and older

Tuesdays, April 29-September 23

*tee times 4-5:30 p.m.

Wednesdays, April 30-September 24

*tee times 3-5:30 p.m.

Thursdays, May 1-September 25

*tee times 3-6 p.m.

Fee: \$45 per person entry fee, plus weekly greens fee

Register:

In person or mail to:

City of New Hope ~ Parks & Recreation

4401 Xylon Ave N

New Hope, MN 55428

Phone: 763-531-5151

All refunds are subject to a \$5 service fee. Payment by check authorizes the city to use information from your check to make a one-time electronic fund transfer from your account or to process the payment as a check transaction.

Make Checks payable to "City of New Hope". **A 3% fee will be applied for payments made using a credit or debit card**

ADULT GOLF LEAGUES - 2025

Name _____ Phone _____

Address _____ City _____ Zip _____

Email _____ Amount Enclosed \$ _____

Tee Time _____ Golfing with _____

Women's A.M. Tues _____ (121900-A) Wed _____ (121900-B) Thurs _____ (121900-C) **Women's P.M.** Tues _____ (121900-D) Wed _____ (121900-E) Thurs _____ (121900-F)

Men's Monday _____ (121901-A) **Couples Friday** _____ (121902-A) **Seniors Monday** _____ (121903-A) **St. Joe's Tues** _____ (121904-A)

I authorize the City of New Hope to disclose to the City's insurer, attorney, staff, and other personnel involved in this program, the participant's name, address and phone number for the purpose of program administration. I understand that the records are protected under state and federal privacy regulations. I agree to hold the City harmless for any claim resulting from participation in this activity. I further give consent for any photos or videos taken during the program to be used by the city for promotional materials.

Participant Signature _____ Date _____

Am Ex/Discover/MC/Visa _____ Exp Date _____ Zip Code _____