



Township of Cedar Grove
Recreation Department
525 Pompton Ave. Cedar Grove, NJ 07009
(973) 239-1410 x220

Men's Bocce League

REGISTRATION INFORMATION:

Returning Teams from 2024: Registration will start on Jan. 27th

New Teams: Registration will start on March 24th

- **Who:** Adult Men age 18+ - **This league is limited to the first 18 teams**
- **Where:** Community Park – Bocce Courts
- **When:** Matches played Mondays through Thursdays
Matches will begin May 5th
- **Time:** First matches start at 6:45pm. Second matches start approx. 8:00pm, or when first matches end.
- **Fee:** \$80.00/team – DEADLINE April 18th; late fee of \$10 after 4/11/25
You are able to register online here
<https://register.communitypass.net/TownshipofCedarGrove> OR

CHECKS MADE PAYABLE TO TOWNSHIP OF CEDAR GROVE Checks can be mailed to Town Hall, 525 Pompton Ave. Cedar Grove, NJ 07009 OR dropped off in the Town Hall lobby in Overnight Drop Box located opposite the Police window. Please make sure registration form is submitted with payment.

Description: Matches will be played on Mondays through Thursdays starting the beginning of May. All matches will begin at 6:45pm, and two games will be played on each of the (3) courts. The 8:00pm time slot will now be reserved for make-ups if needed. Teams must consist of four Cedar Grove resident players, and you can add an additional one or two people at your discretion (alternates). All team members must consist of only Cedar Grove residents or employees of a Cedar Grove business. Only four players are to be represented at each match. All players listed below must be paid for at time of registration.

Men's Bocce League – 2025

Captain Name _____ Captain Cell # _____

Captain Email _____

List Players _____

I will not hold Cedar Grove Township, Cedar Grove Recreation or any of their representatives responsible for any loss or injury I or my teammates may incur while playing or practicing. My team is in good health and able to participate without restriction. I also authorize Cedar Grove Recreation Department personnel/coaches to contact appropriate emergency personnel, should I or my teammates need medical assistance. By signing this, I am also assuring the Recreation Department that all of the rules/regulations stated in the *description* above, are abided by, and all information provided is correct.

Captain's Signature _____

Date _____