



2026 RAVE Bocce Information & Registration

Registration meeting

There will be a bocce registration night and meeting on Wed., May 20 at 6:30 p.m. at the Southview Elem. cafeteria. Southview Elementary is attached to Valley Middle School. The address is: [1025 Whitney Dr, Apple Valley, MN 55124](#).

We encourage you to drive to the road south of the schools, go west on Whitney, and park in the back of Southview.

Practice Information

Practices are Wednesday nights, 6:30 – 7:30 pm beginning June 3, 2026, and going through August 12 at Cedar School, 2140 Diffley Rd., Eagan, MN 55122,

Competitions

- **Regional Competition (East Metro):** Sunday, July 25-26, 2026. West St. Paul Sports Center, 1655 Livingston Ave., West St. Paul, MN 55118.
- **State Competition:** Sat. and Sun., Aug. 15-16, 2026. M Health Fairview Sports Center, 4125 Radio Dr. Woodbury

Important: To compete in the State Competition, athletes must compete in a Regional Competition.

Registration

Please bring your check and form to the registration meeting on May 20. The registration fee is \$35 per athlete, payable by cash or a check payable to The RAVE.

In you are unable to attend registration night, please mail the registration form and payment to The RAVE, P.O. Box 122, Rosemount, MN 55068-9906

Registration deadline: May 28, 2026.

Coach

Head coach: Paul Gangl, ravehod@gmail.com

2026 RAVE BOCCE REGISTRATION FORM

Please return this form with payment.

Athlete Name: _____ Athlete date of birth: _____

Experience with bocce ball: First timer Some previous experience Playing for a while

I am interested in playing: Doubles Unified doubles

My partner for doubles is: _____

Practice help from parent/caregiver: I am willing to transport one bocce pipes bag and one bocce ball bag to each practice

Please complete the next section if the athlete is new or if contact information related to the athlete has changed:

Athlete's address: _____

Athlete's phone: _____

Athlete email: _____

Parent/caregiver contact information

To receive email announcements and for emergency contact.

Name: _____ Parent Guardian Staff

Phone: _____

Email: _____

Group home name: _____

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Phone: _____

Email: _____

Group home name: _____

- I acknowledge that RAVE prefers a responsible person to be present during bocce practice.
- I acknowledge that it is my responsibility to make sure the athlete's state paperwork is current before the first practice.
- I acknowledge that to compete at the state meet in August, the athlete must have competed at the regional meet.

Please provide any essential information that you would like to share about your athlete – allergies, behavioral issues, health concerns (this does not replace the required medical).
