



REGISTRATION FORM
JUNE 18-20, 2024 Brandon, MB



Participants must ensure their events do not overlap. Refer to the MB 55+ Games schedule.
Participant confirmation packages are sent by e-mail (or mail if no email provided) by June 1.
Registration fees are non-refundable. Please make cheques payable to AAIM.

Send registration form complete with payment to:
Active Aging in Manitoba (AAIM), 1075 Leila Avenue Winnipeg MB R2P 2W7

Personal Information (Please print clearly) Region _____
(based on the MB health region where you reside)

First Name _____ Last Name _____

Address _____

City/Town _____ Postal Code _____ Phone number _____

Gender Male Female prefer not to disclose Birth Date (mm/dd/yy) ____ / ____ / ____ Age ____

Email address: _____

Registration Fees - Please check by amount owing:

Each Participant - \$40.00 (for first event): \$ _____

Additional event(s) - \$20.00 per each additional event: \$ _____

Total fees: \$ _____

Golfers Only: (Additional Golf Surcharge per event - Includes green fees & cart rental)

18 Hole Gross: \$43 9 Hole: \$33 18 Hole Net: \$43

Sub-total golf fees: \$ _____ **Total Golf Fees Plus Total Participant Fee:** \$ _____

****NEW! Registration Fees - \$20.00 for Cribbage, Whist & Bridge, Scrabble and Arts and Crafts****

Method of Payment (Please select your method of payment):

Cheque: *Please make cheques payable to AAIM* **TOTAL** amount enclosed: \$ _____

Credit Card: *I authorize AAIM to charge my credit card for my 2024 MB 55+ Games registration fees*

Signature: _____ Name on card: _____

Card Number: _____ Exp Date: Month ____ / Year: ____ Security Code: ____

*Credit card information is confidential, never stored and is securely processed by Square, a secure and reputable fee processor.

OFFICE USE ONLY: Credit card Cheque # _____ Other Transaction Date: _____

Individual Events (Please check off the event(s) you would like to register for)

(Event age category is based on your age as of Dec 31, 2024) DATE/TIME

- 1 km Nordic pole Predicted Walk** Predicted time: _____ Wednesday, June 21, 11:30 AM
- 3 km Predicted Walk/Run** Predicted time: _____ Wednesday June 19, 9:30AM
- 5-Pin Bowling (Singles)** 55+ 65+ 75+ 85+ Tuesday June 18, 10:30AM
Your Average _____ (Registration must be accompanied by proof of bowling average)
- 8-Ball Pool (Singles)** 55+ 70+ Tuesday June 18, 10:30 AM (70+)
Wednesday June 19, 9:30 AM (55+)
- Cribbage (Singles)** Wednesday June 19, 1:30PM
- Golf** 55+ 65+ 75+ 80+
- 18 Hole (Gross) Tuesday June 18, 10:30AM
- 9 Hole (Gross) Wednesday June 19, 9:30AM
- 18 Hole (Net-Callaway) Thursday June 20, 9:30AM
- Horseshoes** Men's Women's Thursday June 20, 9:30 AM
- Scrabble** Skill level: _____ Thursday June 20, 9:30 AM
- Snooker (Singles)** 55+ 70+ Wednesday June 19, 9:30AM (55+)
Tuesday June 18, 10:30 AM (70+)
- Swimming** 55+ 65+ 75+ 80+ Tuesday June 18, 10:30 AM
- Select your races:** (all races are included in one fee)
- 400m distance swim (freestyle)
- 200m predicted swim
- Timed open swims: (select up to 4)**
- 50m Freestyle 100m Freestyle
- 50m Breaststroke 100m Breaststroke
- 50m Backstroke 100m Backstroke
- 50m Butterfly 100m IM
- Track** 55+ 60+ 65+ 70+ 75+ 80+ 85+ Wednesday, June 21, 9:30AM
(Select up to 4 races - All races are included in one fee)
- 100m 800m
- 200m 1500m
- 400m 3000m
- Wall Darts** Wednesday June 19, 9:30PM

Partner Events (*Please also include your partner information below)

Please check off the event(s) you would like to register for:

(Event age category is based on your age as of Dec 31, 2024)

	DATE/TIME
<input type="checkbox"/> Bocce Ball	Thursday June 20, 9:30AM
<input type="checkbox"/> Snooker <input type="checkbox"/> 55+ <input type="checkbox"/> 70+	Thursday June 20, 9:30AM
<input type="checkbox"/> Cribbage (Doubles)	Wednesday June 19, 9:30AM
<input type="checkbox"/> Contract Bridge	Tuesday June 18, 10:30 AM
<input type="checkbox"/> Duplicate Bridge	Tuesday June 18, 2:00 PM
<input type="checkbox"/> Whist	Thursday June 20, 9:30AM
<input type="checkbox"/> Floor Shuffleboard	Tuesday June 18, 10:30 AM
<input type="checkbox"/> Lawn Bowling	Tuesday June 18, 10:30 AM Wednesday June 19, 9:30 AM
<input type="checkbox"/> Corn Hole Toss - FREE DEMONSTRATION EVENT	Wednesday June 19, 1:00-4:00 PM

Your Partner Information (Please print clearly)

Region _____

First Name _____ Last Name _____

Address _____

City/Town _____ Postal Code _____ Phone number _____

Gender Male Female prefer not to disclose Birth Date (mm/dd/yy) ____ / ____ / ____ Age ____

Email _____

Pickleball Partner Events (*Please also include your partner information below)

*** Canada 55+ Games pickleball age categories are 55 - 64, and 65+.**

Please indicate if you are participating in the Mb. 55+ Games to qualify for the Canada 55+ Games.

Yes **No**

Please check off the event(s) you would like to register for including the age category and skill level:

(Event age category is based on your age as of Dec 31, 2024)

DATE/TIME

Women's Doubles 55+ 60+ 65+ 70+ 75+

Tuesday June 18, 10:30AM

Skill Level: 3.0 3.5 4.0+

Mixed Doubles 55+ 60+ 65+ 70+ 75+

Wednesday June 19, 9:00AM

Skill Level: 3.0 3.5 4.0+

Men's Doubles 55+ 60+ 65+ 70+ 75+

Thursday June 20, 9:00AM

Skill Level: 3.0 3.5 4.0+

***Please note: Players may enter a total of 2 events above: for example one Doubles and one Mixed**

•You can play ABOVE your skill level but NOT below •You can play BELOW your age level but NOT above

Your Partner Information (Please print clearly)

Region _____

First Name _____ Last Name _____

Address _____

City/Town _____ Postal Code _____ Phone number _____

Gender Male Female prefer not to disclose Birth Date (mm/dd/yy) ____ / ____ / ____ Age ____

Email _____

Team Events (Please check off the event(s) you would like to register for)

*Team roster is required, and is to be submitted by the Team Captain only

5-Pin Bowling (Teams of 5) * Captain/Team: _____

55+ 65+ 75+ *(enter age category of youngest player)

Wednesday June 19, 9:30AM and Thursday June 20, 9:30AM

*Bowling registration must be accompanied by proof of averages.

ENTER YOUR TEAM INFORMATION HERE: (Fill this out ONLY if you are the Team Captain/Skip)

TEAM NAME: _____

Team Member #1/Captain: First Name _____ Last Name _____

Address _____ City/Town _____ Postal Code _____

Gender: M / F Birth Date ____ / ____ / ____ Phone number: _____ Email: _____

Team Member #2: First Name _____ Last Name _____

Address _____ City/Town _____ Postal Code _____

Gender: M / F Birth Date ____ / ____ / ____ Phone number: _____ Email: _____

Team Member #3: First Name _____ Last Name _____

Address _____ City/Town _____ Postal Code _____

Gender: M / F Birth Date ____ / ____ / ____ Phone number: _____ Email: _____

Team Member #4: First Name _____ Last Name _____

Address _____ City/Town _____ Postal Code _____

Gender: M / F Birth Date ____ / ____ / ____ Phone number: _____ Email: _____

Team Member #5: First Name _____ Last Name _____

Address _____ City/Town _____ Postal Code _____

Gender: M / F Birth Date ____ / ____ / ____ Phone number: _____ Email: _____

Alternate/Sub: First Name _____ Last Name _____

Address _____ City/Town _____ Postal Code _____

Gender: M / F Birth Date ____ / ____ / ____ Phone number: _____ Email: _____