

## 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 p	Print clearly) Region(based on the MB he	ealth region where you reside)
First Name	Last Name	
Address		
City/Town	Postal Code Phone r	number
Gender □ Male □ Female □ pre	efer not to disclose Birth Date (mm/dd/yy)	/ / Age
Email address:		
Registration Fees - Please (	check by amount owing:	
Each Participant - \$40.00 (		
Additional event(s) - \$20.00 pe		
	Total fees: \$	
Golfers Only: (Additional Golf S	Surcharge per event - Includes green fees &	cart rental)
☐ 18 Hole Gross: \$43 ☐	9 Hole: \$33	
Sub-total golf fees: \$	Total Golf Fees Plus Total Partici	ipant Fee: \$
**NEW! Registration Fees - \$20	0.00 for Cribbage, Whist & Bridge, Scrabble a	and Arts and Crafts**
Method of Payment (Please sel	lect your method of payment):	
	payable to AAIM TOTAL amount encl	losed: \$
$\square$ Cheque: <i>Please make cheques <math>\mu</math></i>	1, 16 222.112.77	nos rogistration foos
	o charge my credit card for my 2024 MB 55+ Gan	ries registration rees
 ☐ Credit Card: <i>I authorize AAIM to</i>	o charge my credit card for my 2024 MB 55+ Gan Name on card:	
 ☐ Credit Card: <i>I authorize AAIM to</i> Signature:		

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

(Event age category is based o	on your age as of Dec 31, 2024) DA	ATE/TIME
☐ 1 km Nordic pole Predicted	d Walk Predicted time:	Wednesday, June 19, 11:30 AM
<b>☐ 3 km Predicted Walk/Run</b>	Predicted time:	Wednesday June 19, 9:30 AM
5-Pin Bowling (Singles)	55+65+75+85+	Tuesday June 18, 10:30 AM
Your Average (Registrate	ion must be accompanied by proof of b	owling average)
<b>■8-Ball Pool</b> (Singles)	<b>□55+ □</b> 70+	Tuesday June 18, 10:30 AM (70+)
		Wednesday June 19, 9:30 AM (55+)
Cribbage (Singles)		Wednesday June 19, 1:30 PM
□ <b>Golf</b> □55+ □65+ □	]75+	
	☐ 18 Hole (Gross)	Tuesday June 18, 10:30 AM
	☐ 9 Hole (Gross)	Wednesday June 19, 9:30 AM
	☐ 18 Hole (Net-Callaway)	Thursday June 20, 9:30 AM
☐ <b>Horseshoes</b> ☐ Men's ☐ V	Vomen's	Thursday June 20, 9:30 AM
Scrabble Skill level:		Thursday June 20, 9:30 AM
□ <b>Snooker</b> (Singles) □ 55+	<b>□</b> 70+	Wednesday June 19, 9:30 AM (55+)
		Tuesday June 18, 10:30 AM (70+)
<b>Swimming</b> □55+□65+□	<b>□</b> 75+ <b>□</b> 80+ <b>□</b> 85+	Tuesday June 18, 1:30 PM
Select your races: (all races are	included in one fee)	
☐ 400m distance swim (freesty	/le)	
☐ 200m predicted swim		
Timed open swims: (select up	o to 4)	
☐ 50m Freestyle ☐	] 100m Freestyle	
☐ 50m Breaststroke ☐	] 100m Breaststroke	
☐ 50m Backstroke ☐	] 100m Backstroke	
☐ 50m Butterfly ☐	] 100m IM	
<b>☐ Track</b> ☐ 55+ ☐ 60+ ☐ 65+ [	<u></u> 70+ <u></u> 75+ <u></u> 80+ <u></u> 85+	Tuesday, June 18, 10:30 AM
(Select up to 4 races - All races	are included in one fee)	
□100m □800m		
□200m □1500m	١	
□400m □3000m	1	
<b>□</b> Wall Darts		Wednesday June 19, 9:30 AM

## **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
☐ Bocce Ball	Thursday June 20, 9:30 AM
☐ Snooker ☐ 55+ ☐ 70+	Thursday June 20, 9:30 AM
☐ <b>Cribbage</b> (Doubles)	Wednesday June 19, 9:30 AM
☐ Contract Bridge	Tuesday June 18, 10:30 AM
☐ Duplicate Bridge	Tuesday June 18, 2:00 PM
☐ Whist	Thursday June 20, 9:30 AM
☐ Floor Shuffleboard	Tuesday June 18, 10:30 AM
☐ Lawn Bowling	Tuesday June 18, 10:30 AM
	Wednesday June 19, 9:30 AM
☐ Corn Hole Toss - FREE DEMONSTRATION EVENT	Wednesday June 19, 1:00-4:00 PM
Your Partner Information (Please print clearly) Regio	n
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	

<b>Pickleball Partner Events</b> (*Please also include your partner information below	Pickleball Partner Events	(*Please also include your partne	r information below)
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\* Canada 55+ Games pickleball age categories are 55 - 64, and 65+.

Please indicate if you are participating in the Mb	55+ Games to qual	ify for the Canada 55+ Ga	mes.
☐ Yes ☐ No			
Please check off the event(s) you would like to reg	ster for including the	e age category and skill lev	/el:
(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, 10:30 A	AM
Skill Level: ☐ 3.0 ☐ 3.5 ☐ 4.0+			
<b>☐ Mixed Doubles</b> ☐ 55+ ☐ 60+ ☐ 65+ ☐ 70+ ☐	75+	Wednesday June 19, 9:0	0 AM
Skill Level: ☐ 3.0 ☐ 3.5 ☐ 4.0+			
Men's Doubles ☐ 55+ ☐ 60+ ☐ 65+ ☐ 70+ ☐	] 75+	Thursday June 20, 9:00 A	AM
Skill Level: ☐ 3.0 ☐ 3.5 ☐ 4.0+			
*Please note: Players may enter a total of 2 eve •You can play ABOVE your skill level but NOT below			
Your Partner Information (Please print clearly)	Regio	on	
First NameL	ast Name		
Address			
City/Town Posta	l Code	_ Phone number	
Gender ☐ Male ☐ Female ☐ prefer not to disclose	e Birth Date (mm/do	d/yy) / /	Age
Email			

Team Events (Please check off the	e event(s) you would like to regis	ter for)
*Team roster is required, and is to be s	ubmitted by the Team Captain o	nly
☐ <b>5-Pin Bowling</b> (Teams of 5) * Capta	in/Team:	
☐ 55+☐ 65+☐ 75+ *(enter a	ge category of youngest player)	
Wednesday June 19, 9:30AM and Thur	sday June 20, 9:30 AM	
*Bowling registration must be accomp	panied by proof of averages.	
ENTER YOUR TEAM INFORMATION H	ERE: (Fill this out ONLY if you a	re the Team Captain/Skip)
TEAM NAME:		
Team Member #1/Captain: First Nam	eLast Na	ame
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:



Ticket Order Form Celebration Banquet

When: Wednesday, June 19, 2024

Cocktails: 5:30pm Dinner: 6:00pm

Where: The Dome Building, 1200-13 St. Brandon, MB

Tickets: \$40 each



\*Tickets will be included with your registration information to be picked up when checking in at Games Headquarters.\*

Payments can be sent to: Active Aging in Manitoba, 1075 Leila Ave. Winnipeg, MB R2P 2W7

Deadline to Order: Monday, June 10th 2024

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Name:	a program of.
Address:	
Phone:	Active
# of Ticket(s) for – Wednesday, June 19, 2024	Active Aging in Manitoba
Total Amount Enclosed (\$40.00 Each): \$	