

REGISTRATION FORM JUNE 3-5, 2025 Steinbach, 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 pr	rint clearly) Region
reisonai milormation (i icase pr	rint clearly) Region(based on the MB health region where you reside)
First Name	Last Name
City/Town	Postal Code Phone number
Gender ☐ Male ☐ Female ☐ pref	fer not to disclose Birth Date (mm/dd/yy) / / Age _
Email address:	
Registration Fees - Please c	:heck by amount owing:
Each Participant - \$40.00 (f	for first event): \$
Additional event(s) - \$20.00 per	r each additional event: \$
	Total fees: \$
Golfers Only: (Additional Golf S	Surcharge per event - Includes green fees & cart rental)
☐ 18 Hole Gross: \$50 ☐ 9	9 Hole: \$37.50
	9 Hole: \$37.50
Sub-total golf fees: \$	-
Sub-total golf fees: \$	Total Golf Fees Plus Total Participant Fee: \$ 00 for Cribbage, Whist & Bridge and Arts and Crafts**
Sub-total golf fees: \$**NEW! Registration Fees - \$20.0 Method of Payment (Please sele	Total Golf Fees Plus Total Participant Fee: \$ 00 for Cribbage, Whist & Bridge and Arts and Crafts**
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NEW! Registration Fees - \$20.0 Method of Payment (Please sele Cheque: Please make cheques po	Total Golf Fees Plus Total Participant Fee: \$ 00 for Cribbage, Whist & Bridge and Arts and Crafts ect your method of payment): bayable to AAIM TOTAL amount enclosed: \$
**NEW! Registration Fees - \$20.0 Method of Payment (Please sele Cheque: Please make cheques po	Total Golf Fees Plus Total Participant Fee: \$

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, 2025)	DATE/TIME	
1 km Nordic pole Predicted Walk Predicted time:	Thursday June 5, 1:00 PM	
□ 3 km Predicted Walk/Run Predicted time:	Thursday June 5, 9:30 AM	
☐ 5-Pin Bowling (Singles) ☐ 55+ ☐ 65+ ☐ 75+ ☐ 85+ Your Average as of April 1, 2025: (Registration must be	Tuesday June 3, 9:30 AM ne accompanied by proof of bowling average	
■8-Ball Pool (Singles) ■ 55+ ■ 70+	Tuesday June 3, 9:30 AM	
□ 9-Ball Pool (Singles) □ 55+ □ 70+	Wednesday June 4, 9:30 AM	
☐ Corn Hole	Tuesday June 3, 9:00 AM	
☐ Cribbage (Singles)	Wednesday June 4, 1:30 PM	
□ Golf □55+ □65+ □75+ □80+ □85+		
☐ 18 Hole (Gross)	Tuesday June 3, 9:30 AM	
☐ 9 Hole (Gross)	Wednesday June 4, 9:30 AM	
☐ 18 Hole (Net-Callaway)	Thursday June 5, 9:30 AM	
☐ Horseshoes ☐ Men's ☐ Women's ☐ 55+ ☐ 70+	Thursday June 5, 9:30 AM	
Swimming □55+□65+□75+□80+□85+	Wednesday June 4, 1:00 PM	
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		
☐ Table Tennis	Thursday June 5, 9:30 AM	
□ Track □ 55+ □ 60+ □ 65+ □ 70+ □ 75+ □ 80+ □ 85+ (Select up to 4 races - All races are included in one fee) □ 100m □ 200m □ 400m □ 1500m □ 3000m	Wednesday June 4, 9:30 AM	
Wall Darts	Wednesday June 4, 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, 2025)	DATE/TIME			
☐ Bocce Ball	Thursday June 5, 9:30 AM			
☐ Cribbage (Doubles)	Wednesday June 4, 9:30 AM			
☐ Contract Bridge	Tuesday June 3, 9:30 AM			
☐ Duplicate Bridge	Tuesday June 3, 2:00 PM			
☐ Whist	Thursday June 5, 9:30 AM			
☐ Lawn Bowling ☐ Men's ☐ Women's ☐ Mixed ☐ 55+ ☐ 70	+ Tuesday June 3, 9:30 AM			
	Wednesday June 4, 9:30 AM			
	Thursday June 5, 9:30 AM			
☐ Beach Volleyball - FREE DEMONSTRATION EVENT	Tuesday June 3, 9:00 AM			
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)

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, 2025) DATE/TIME **■ Women's Doubles** ■ 55+ ■ 60+ ■ 65+ ■ 70+ ■ 75+ Tuesday June 3, 8:00 AM Skill Level: ☐ 3.0 ☐ 3.5 ☐ 4.0+ **Mixed Doubles** □ 55+ □ 60+ □ 65+ □ 70+ □ 75+ Wednesday June 4, 8:00 AM Skill Level: ☐ 3.0 ☐ 3.5 ☐ 4.0+ \square Men's Doubles \square 55+ \square 60+ \square 65+ \square 70+ \square 75+ Thursday June 5, 8:00 AM 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 _____ 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 regis	ster 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) 					
*Bowling registration must be accompa	nied by proof of averages as o	f April 1, 2025.			
ENTER YOUR TEAM INFORMATION HE	RE: (Fill this out ONLY if you a	are the Team Captain/Skip)			
TEAM NAME:					
Team Member #1/Captain: First Name	Last N	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 3, 2025

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

Where: Pat Porter Active Living Centre

10 Chrysler Gate, Steinbach

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, May 26th 2025

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Name:	a program of:
Address:	
Phone:	Active
# of Ticket(s) for - Wednesday, June 4, 2025	Active Aging in Manitoba
Total Amount Enclosed (\$40.00 Each): \$	