



**SLO-PITCH SOFTBALL  
TEAM REGISTRATION FORM  
JUNE 3-5, 2025 Steinbach, MB**

***Absolute registration deadline is May 23, 2025***

Please ensure your team roster is complete, as no revisions after the registration deadline.  
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**

Region _____	<b>OFFICE USE ONLY</b> <input type="checkbox"/> Cheque # _____ <input type="checkbox"/> Cash <input type="checkbox"/> Credit Card <b>Transaction Date:</b> _____
Team Name _____	
Manager's Name: _____	
Manager's Phone # & Email: _____	
Coach's Name: _____	
Coach's Phone # & Email: _____	

***Team registration fee total: \$300.00***

**Cheque:** Please make payable to Active Aging in MB (AAIM)

**Credit Card:** I authorize AAIM to charge my credit card for our MB 55+ Games team registration fee.

Signature: \_\_\_\_\_

Name on card: \_\_\_\_\_

Card number: \_\_\_\_\_

Exp. date: Month \_\_\_\_\_ / Year: \_\_\_\_\_ Security code: \_\_\_\_\_

***\*Your credit card information is kept confidential, is never stored and will be securely processed by Square, one of the most secure and reputable payment processors available.***

**Name #1:** \_\_\_\_\_

Birthdate (DD/MM/YYYY):

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Phone #:** \_\_\_\_\_

**Male**

**Email:** \_\_\_\_\_

**Female**

**Name #2:** \_\_\_\_\_

Birthdate (DD/MM/YYYY):

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Phone #:** \_\_\_\_\_

**Male**

**Email:** \_\_\_\_\_

**Female**

**Name #3:** \_\_\_\_\_

Birthdate (DD/MM/YYYY):

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Phone #:** \_\_\_\_\_

**Male**

**Email:** \_\_\_\_\_

**Female**

**Name #4:** \_\_\_\_\_

Birthdate (DD/MM/YYYY):

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Phone #:** \_\_\_\_\_

**Male**

**Email:** \_\_\_\_\_

**Female**

**Name #5:** \_\_\_\_\_

Birthdate (DD/MM/YYYY):

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Phone #:** \_\_\_\_\_

**Male**

**Email:** \_\_\_\_\_

**Female**

**Name #6:** \_\_\_\_\_

Birthdate (DD/MM/YYYY):

**Address:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_

**Male**

**Email:** \_\_\_\_\_

**Female**

**Name #7:** \_\_\_\_\_

Birthdate (DD/MM/YYYY):

**Address:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_

**Male**

**Email:** \_\_\_\_\_

**Female**

**Name #8:** \_\_\_\_\_

Birthdate (DD/MM/YYYY):

**Address:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_

**Male**

**Email:** \_\_\_\_\_

**Female**

**Name #9:** \_\_\_\_\_

Birthdate (DD/MM/YYYY):

**Address:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_

**Male**

**Email:** \_\_\_\_\_

**Female**

**Name #10:** \_\_\_\_\_

Birthdate (DD/MM/YYYY):

**Address:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_

**Male**

**Email:** \_\_\_\_\_

**Female**

**Name #11:** \_\_\_\_\_

Birthdate (DD/MM/YYYY):

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Phone #:** \_\_\_\_\_

**Male**

**Email:** \_\_\_\_\_

**Female**

**Name #12:** \_\_\_\_\_

Birthdate (DD/MM/YYYY):

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Phone #:** \_\_\_\_\_

**Male**

**Email:** \_\_\_\_\_

**Female**

**Name #13:** \_\_\_\_\_

Birthdate (DD/MM/YYYY):

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Phone #:** \_\_\_\_\_

**Male**

**Email:** \_\_\_\_\_

**Female**

**Name #14:** \_\_\_\_\_

Birthdate (DD/MM/YYYY):

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Phone #:** \_\_\_\_\_

**Male**

**Email:** \_\_\_\_\_

**Female**

**Name #15:** \_\_\_\_\_

Birthdate (DD/MM/YYYY):

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Phone #:** \_\_\_\_\_

**Male**

**Email:** \_\_\_\_\_

**Female**

Name #16: \_\_\_\_\_

Birthdate (DD/MM/YYYY):

Address: \_\_\_\_\_

\_\_\_\_\_

Phone #: \_\_\_\_\_

Male

Email: \_\_\_\_\_

Female

Name #17: \_\_\_\_\_

Birthdate (DD/MM/YYYY):

Address: \_\_\_\_\_

\_\_\_\_\_

Phone #: \_\_\_\_\_

Male

Email: \_\_\_\_\_

Female

Name #18: \_\_\_\_\_

Birthdate (DD/MM/YYYY):

Address: \_\_\_\_\_

\_\_\_\_\_

Phone #: \_\_\_\_\_

Male

Email: \_\_\_\_\_

Female

Name #19: \_\_\_\_\_

Birthdate (DD/MM/YYYY):

Address: \_\_\_\_\_

\_\_\_\_\_

Phone #: \_\_\_\_\_

Male

Email: \_\_\_\_\_

Female

Name #20: \_\_\_\_\_

Birthdate (DD/MM/YYYY):

Address: \_\_\_\_\_

\_\_\_\_\_

Phone #: \_\_\_\_\_

Male

Email: \_\_\_\_\_

Female