



**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 _____

Team Name _____

Manager's Name: _____

Manager's Phone # & Email: _____

Coach's Name: _____

Coach's Phone # & Email: _____

OFFICE USE ONLY

☐ Cheque

☐ Cash

☐ Credit Card

Transaction Date:

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**