

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, 2026)

DATE/TIME

1 km Nordic pole Predicted Walk Predicted time: _____ Wednesday June 10, 1:30 PM

3 km Predicted Walk/Run Predicted time: _____ Wednesday June 10, 2:30 PM

5-Pin Bowling (Singles) 55+ 65+ 75+ 85+ Tuesday June 9, 9:30 AM

Your Average as of April 1, 2026: _____ (Registration must be accompanied by proof of bowling average)

8-Ball Pool (Singles) 55+ 70+ Tuesday June 9 (55+), 9:30 AM

Wednesday June 10 (70+), 9:30 AM

Snooker (Singles) 55+ 70+ Tuesday June 9 (55+), 9:30 AM

Wednesday June 10 (70+), 9:30 AM

Cribbage (Singles) Wednesday June 10, 1:30 PM

Disc Golf Tuesday June 9, 9:00 AM

Golf 55+ 65+ 75+ 80+ 85+

18 Hole (Net-Callaway) Tuesday June 9, 9:30 AM

18 Hole (Gross) Wednesday June 10, 9:30 AM

9 Hole (Gross) Thursday June 11, 9:30 AM

Horseshoes Men's Women's 55+ 70+ Thursday June 11, 9:30 AM

Swimming 55+ 65+ 75+ 80+ 85+ Tuesday June 9, 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

Track 55+ 60+ 65+ 70+ 75+ 80+ 85+ Wednesday June 10, 8:00 AM

(Select up to 4 races/events - all are included in one fee)

100m 200m 400m 800m 1500m 3000m Shot Put Standing Long Jump

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, 2026)

	DATE/TIME
<input type="checkbox"/> Bocce Ball	Thursday June 11, 9:30 AM
<input type="checkbox"/> Cribbage (Doubles)	Wednesday June 10, 9:30 AM
<input type="checkbox"/> Contract Bridge	Tuesday June 9, 9:30 AM
<input type="checkbox"/> Duplicate Bridge	Tuesday June 9, 2:00 PM
<input type="checkbox"/> Floor Shuffleboard	Tuesday June 9, 9:00 AM Wednesday June 10, 1:00 PM Thursday June 11, 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, 2024)

DATE/TIME

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

Tuesday June 9, 8:00 AM

Skill Level: 3.0 3.5 4.0+

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

Wednesday June 10, 8:00 AM

Skill Level: 3.0 3.5 4.0+

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

Thursday June 11, 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 _____

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 10, 9:30AM and Thursday June 11, 9:30 AM

**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: _____