



DISTRICT 55+ GAMES REGISTRATION FORM

SSFA MEMBERSHIP # _____ YEAR: _____

District Name: _____

PERSONAL INFORMATION:

Surname: _____ Given Name: _____ District ID: _____

Birth date: _____ Age: ____ Gender classification to compete in: Male: ____ Female: ____
(Competitor only - day, month, year) (Competitor's age as of December 31, year of the games)

Address: _____ City/Town: _____

Postal Code: _____ Phone Number: (_____) _____

E-mail address: (Print clearly/upper/lower case): _____

EVENT INFORMATION – (More than one district event may be entered)

DISTRICT GAMES EVENT: _____ **Age Category** _____
(For Track & Field List Track Events) (based on rulebook)

DISTRICT GAMES EVENT: _____ **Age Category** _____
(For Track & Field List Field Events) (based on rulebook)

Event Partner/Team Captain: (bridge, bowling, curling, hockey) _____

SPECIFIC EVENT INFORMATION (Please provide the requested information where applicable)

Golf: Low Net Index ____ Low Gross ____ Recreational (Calloway System) ____ Golf Cart Yes ____ No ____

Five Pin Bowling: SINGLE: Scratch ____ POA ____ **TEAM: Coordinator Verified POA as of April 1** _____

Pickleball: skill rating: _____ (based on rulebook)