



DISTRICT/PROVINCIAL 55+ GAMES REGISTRATION FORM

SSFA MEMBERSHIP # _____ YEAR: _____

District Name: _____

PERSONAL INFORMATION: COMPETITOR _____ NON-COMPETITOR _____ (Please check)

Guest of (as applicable): _____

Surname: _____ Given Name: _____ District ID: _____

Birth date: _____ Age: _____ Male: _____ Female: _____
(Competitor - day, month, year) (Competitor as of December 31, year of games)

Address: _____ City/Town: _____

Postal Code: _____ Phone Number: (_____) _____ - _____

E-Mail address: _____

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

DISTRICT GAMES EVENT: _____ Age Category: _____
(based on rulebook)

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(based on rulebook)

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

PROVINCIAL GAMES EVENT: _____ Age Category: _____
(based on rulebook)

Event Partner (whist, bridge, etc.) _____

Team Captain (bowling, curling, hockey) _____

Please answer for planning purposes. Please check: Do you plan to attend the Opening Ceremony _____
Banquet _____ Closing Ceremony _____

Will you need transportation at no charge from the hotel to the venue? Yes _____ No _____

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

Golf: Low Net Index _____ Low Gross _____ Recreational (Calloway System) _____

Five Pin Bowling: SINGLE: Scratch _____ POA _____ TEAM: POA Confirmation required as of April 1 _____

T-Shirt Size: S _____ M _____ L _____ XL _____ XXL _____ XXXL _____

PLEASE READ THE INFORMATION ON THE REVERSE SIDE AND SIGN THE FORM