



PROVINCIAL 55+ GAMES REGISTRATION FORM

SSFA MEMBERSHIP # _____ YEAR: _____

District Name: _____

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

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): _____

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

Track & Field: Check off up to a maximum of 4 events from the following:

Track Events- 50m 100m 200m 400m 800m 1500m 3000m

Predicted Walk- 400m 1000m

Field Events- Long Jump Shot Put Discus Throw Triple Jump **OR** Standing Long Jump

Javelin Throw **OR** Ball Throw

Event Partner (whist, bridge, etc.) _____

Team Captain (bowling, curling, hockey) _____

Please answer for planning purposes.

NON-COMPETITOR: Indicate Guest of: (as applicable) _____

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 _____ Modified (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)

T-Shirt Size: S _____ M _____ L _____ XL _____ XXL _____ XXXL _____ **Do you already have one? Yes No** _____