



New Mexico Senior Olympics, Inc.

2025 Team Tournament REGISTRATION AND ROSTER



SOFTBALL

BASKETBALL

VOLLEYBALL

SEPTEMBER 13-14 • Las Cruces

NOVEMBER 15-16 • Santa Fe

NOVEMBER 22-23 • Albuquerque

CAPTAINS MUST COMPLETE ONE REGISTRATION FORM AND ROSTER PER TEAM.
List all players, non-players, and captain/coaches on the roster along with birthdates, full address, and email address.

TEAM NAME _____

AGE GROUP FOR TEAM 50+ 55+ 60+ 65+ 70+ 75+ 80+ (BB only)
(To be determined by the youngest player as of December 31, 2025)

MEN

WOMEN

CO-ED (Volleyball ONLY)

Softball: Men and women will be open classification; no skill division will be used.

Roster limits are 15 for Volleyball, 22 for Softball, 10 for 3-on-3 Basketball. Roster limits include non-playing personnel.

All correspondence will be sent to person(s) listed below.

Captain (print) _____

Mailing Address _____

City _____ State _____ Zip _____

Cell Phone _____ Work Phone _____

E-mail _____ Fax _____

Co-Captain _____ (able to make changes to roster)

Phone _____ Email _____

REGISTRATION DEADLINE IS 4 WEEKS PRIOR TO TOURNAMENT!

Registration Fee for 2025 \$300 Volleyball \$300 Softball \$300 3-on-3 Basketball

A one-time Administrative fee of \$5.00 for each athlete needs to be added to your Team registration fee. Must accompany registration entry online and paper forms. Registrations will not be processed without payment.

ALL FEES ARE NON-REFUNDABLE.

Payment method Check Money Order Credit Card (2.5% processing fee will be assessed)

Make Checks Payable and mail to: **NMSO, PO Box 2690, Roswell, NM 88202-2690**

Please charge my Card Mastercard VISA American Express Discover

Card # _____ Expiration Date _____ Security Code _____

Signature _____ Print name as on card _____

Registration form consists of Team Registration and Team Roster (complete Team Roster on back)



2025 New Mexico Senior Olympics Team Tournament Roster

PRINT ALL INFORMATION LEGIBLY AND FILL OUT ALL DETAILS FOR EACH PARTICIPANT

Team Name: _____
ALL INFORMATION MUST BE COMPLETED

Sport: Volleyball Softball Basketball
 M W Co-Ed M W M W

	Participant's Name First and Last	Date of Birth MM/DD/YY	Gender M or F	Full Mailing Address - Street, City, State, & Zip (only if different from previous year or NEW athlete)	Telephone Number with area code	Email Address (only if different from previous year or NEW athlete)
1	Team Captain					
2	Co-Captain (if applicable)					
3						
4						
5						
6						
7						
8						
9						
10	Basketball Maximum					
11						
12						
13						
14						
15	Volleyball Maximum					
16						
17						
18						
19						
20	Softball Maximum					
21	Softball Non Player					
22	Softball Non Player					