



Participant Registration

(One registration per individual or team)

Each participant is required to sign the:

- Wise Health System and Wise Health Foundation Liability Release
- Fossil Pointe Sporting Grounds Participant Agreement, Release and Assumption of Risk

Registration for Individual - \$100.00 • Registration for Team - \$500.00

Please list name(s) below:

Shooter #1: _____ Male: Female:
 Email: _____

Shooter #2: _____ Male: Female:
 Email: _____

Shooter #3: _____ Male: Female:
 Email: _____

Shooter #4: _____ Male: Female:
 Email: _____

Shooter #5: _____ Male: Female:
 Email: _____

I would like to reserve _____ golf cart(s). \$100.00 per cart

Company name: _____

Contact name: _____

Mailing address: _____

Phone: _____ Email: _____

Prepay: Check # _____ Cash Credit Card

Credit Card #: _____ Expiration: _____ CSV#: _____

All fees must be prepaid prior to the day of the event.

REGISTRATION AND PAYMENT MAY BE MADE ONLINE BY VISITING:
WiseHealthFoundation.com/events/clay-shoot/

Pay Online: *Sponsorships are available!*

Hard copy payment and registration should be mailed to:

Wise Health Foundation • 2000 S. FM 51, Decatur, TX 76234 • Phone: 940-626-1384 • Fax: 940-626-3937