



# 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 - \$125.00 • 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: \_\_\_\_\_

*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.***

**Pay Online:**

REGISTRATION AND PAYMENT MAY BE MADE ONLINE BY VISITING:

[WiseHealthFoundation.com/events/clay-shoot/](http://WiseHealthFoundation.com/events/clay-shoot/)

***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