



# 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

**Individual - \$125**

**Team of 4 - \$500**

SHOOTER #1

NAME \_\_\_\_\_

EMAIL \_\_\_\_\_

MALE  | FEMALE

SHOOTER #3

NAME \_\_\_\_\_

EMAIL \_\_\_\_\_

MALE  | FEMALE

SHOOTER #2

NAME \_\_\_\_\_

EMAIL \_\_\_\_\_

MALE  | FEMALE

SHOOTER #4

NAME \_\_\_\_\_

EMAIL \_\_\_\_\_

MALE  | FEMALE

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

Company name: \_\_\_\_\_ Contact name: \_\_\_\_\_

Billing Address: \_\_\_\_\_ City, State & Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Check #: \_\_\_\_\_  Credit Card #: \_\_\_\_\_ Exp: \_\_\_\_\_ CSV: \_\_\_\_\_

**ALL FEES MUST BE PREPAID PRIOR TO THE DAY OF THE EVENT. MAKE CHECKS PAYABLE TO WISE HEALTH FOUNDATION. WISE HEALTH FOUNDATION IS A 501(C)3 NON-PROFIT ORGANIZATION.**

**Please return form and payment to**

Wise Health Foundation  
609 Medical Center Dr, Decatur, TX 76234

Phone: 940-626-1384  
Fax: 940-626-3937



**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!**