



Participant Registration

(One registration per individual or team)

Forms are available for download at
WiseHealthFoundation.com/events/clay-shoot/
or by contacting the Wise Health Foundation at 940-626-1384
or by email request to Linda Johnson – Foundation Director
at ljohnson2@wisehealthsystem.com

Each participant is required to sign the
Wise Health System and Wise Health Foundation Liability Release and the
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). \$60.00 per cart

Company name: _____

Contact name: _____

Mailing address: _____

Phone: _____ Email: _____

Prepay: Check # _____ Cash Credit Card

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

Pay Online: REGISTRATION AND PAYMENT MAY BE MADE ONLINE BY VISTING:
<https://www.wisehealthfoundation.com/events/clay-shoot/>

Hardcopy 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

Sponsorship are available! Visit us online at: WiseHealthFoundation.com/events/Clay-shoot