







Shooter Registration Form

SPONSOR OR REGISTER ONLINE AT www.MooreCountyHealthFoundation.net

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(A) com	
(LL) SCAN	ME)

I/We would like to participate in the 2025 Sporting Clays Tournament as a shooter!

A. SHOOTER REGISTRATION (Please fill out Sections "B" and "C")

	Individual Shooter (\$250/	each) QTY					
B. PARTICIPANT INFORMATION							
FIRST NAME	LAST NAME	CONTACT PHONE	CONTACT EMAIL	Rotation Preference (1 or 2)	Adult (16+) or Junior (–16)		
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9							
10.							
11.							
12.							
				•			
	C.	PAYMENT INFORMATIO	N FOR PARTICIPANTS				
Type of Payment (circle one): CASH		CHECK	INVOICE US	CREDIT CARD			
For Credit Card Payments—	Is this a company card? If	so, please provide compar	ny name:				
Cardholder Name:							
Card Number:		E:	xpiration Date:	Security Code:			
Billing Address (if different from above):			State: Zip:):		
Cardholder Signature:							

Please return this form to:

Moore County Health Foundation

Attn: 2025 Sporting Clays Tournament

PO BOX 782 ~ Dumas, TX 79029

Please make checks payable to: The Moore County Health Foundation

For more information on the MCHF:

www. Moore County Health Foundation. net

Phone: (806) 934-7811

The MCHF is a 501(c)(3) tax exempt organization #75-2687992

Donations made to the MCHF are tax-deductible to the extent allowed by law