



GOLF TOURNAMENT REGISTRATION FORM

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REGISTRATION ENDS MARCH 28, 2025

MAIN POINT OF CONTACT: _____

PLAYER 1

NAME: _____

HANDICAP: _____

EMAIL: _____

PHONE: _____

SHIRT SIZE: _____

PLAYER 2

NAME: _____

HANDICAP: _____

EMAIL: _____

PHONE: _____

SHIRT SIZE: _____

PLAYER 3

NAME: _____

HANDICAP: _____

EMAIL: _____

PHONE: _____

SHIRT SIZE: _____

PLAYER 4

NAME: _____

HANDICAP: _____

EMAIL: _____

PHONE: _____

SHIRT SIZE: _____

☐ \$125 PER PLAYER

☐ \$500 PER TEAM OF 4

PAYMENT INFORMATION:

(3% FEE WILL BE ADDED TO CARD PAYMENTS)

☐ CASH

☐ CHECK

☐ DEBIT/CREDIT CARD

CARD NUMBER: _____ CVV: _____

ZIP CODE: _____

PAYMENT TOTAL: _____

MAKE CHECK PAYABLE TO: SCOTT MOUISSET FOUNDATION
MAIL PAYMENT TO: PO BOX 142, CARENCRO, LOUISIANA 70520
MOOSE4ACAUSE@GMAIL.COM