



# GOLF TOURNAMENT

THE NATIONAL KIDNEY  
FOUNDATION OF LOUISIANA

Mail registration and payment to:  
The National Kidney Foundation  
of Louisiana  
8200 Hampson St., Ste. 425 New  
Orleans, LA 70118

Detach here and mail bottom to above address with payment

## Registration Form

DATE OF REGISTRATION

Please fill this form out completely. Your registration cannot be completed without all of the information requested below.

/   /

Please select one:

Baton Rouge  
Tournament

Squire Creek  
Tournament

New Orleans  
Tournament

### CONTACT INFORMATION

Contact person:

Company name:

Address:

City, State, Zip:

Sponsorship  
Level:

**\*\*All tournaments have a 12pm shot-gun start\*\***

### GOLFER INFORMATION

Name:

Email:

\*GHIN#:

Phone:

Address:

Club Affiliation:

City, State, Zip:

\*U.S.G.A Handicap Index:

Name:

Email:

\*GHIN#:

Phone:

Address:

Club Affiliation:

City, State, Zip:

\*U.S.G.A Handicap Index:

Name:

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