



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 selec	ct one:	Baton Rouge Tournament November 14, 2022	Squire Creek Tournament October 10, 2022	New Orleans Tournament October 20, 2022
CONTACT	INFOR	MATION		
Contact person:			Company name:	
Address:			City, State, Zip:	
Sponsorship Level:				12pm shot-gun, and pm shot-gun start
GOLFER IN	NFORMA	ATION		
Name:			Email:	*GHIN#:
			Phone:	
Address:			Club Affiliation:	
City, State, Zip:			*U.S.G.A Handicap Inde	ex:
			Email:	*GHIN#:
Name:			Phone:	
Address:			Club Affiliation:	
City, State, Zip:			*U.S.G.A Handicap Inde	x:
Name:			Email:	*GHIN#:
			Phone:	
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			Phone:	
Address:			Club Affiliation:	
City, State, Zip;			*U.S.G.A Handicap Inde	x: