



## 7<sup>TH</sup> ANNUAL GOLF TOURNAMENT

**Tuesday, April 22, 2014**

Rosen Shingle Creek Golf Club | Orlando, Florida | 1pm Shotgun Start

### NISTM SPONSORSHIP OPPORTUNITIES

Please check your Sponsorship Option:

**SOLD**

#### Golf Tournament Title Sponsor



**Hole-in-One Sponsor**  
\$1,000 (1 available)

#### Beverage Cart Sponsor



\$650 each (4 available)



#### Chipping Championship Sponsor

\$500 (1 available)

#### Longest Drive Sponsor

\$375 each (2 available)

#### Closest to the Pin

\$375 each (2 available)

#### Hole Sponsor

\$150 each (7 available)

**FAX COMPLETED REGISTRATION FORM  
to 813.870.6824**

or Email to: [janelle@nistm.org](mailto:janelle@nistm.org)

#### Cancellation & Refund Policy:

All cancellations must be in writing. They may be faxed to 813.870.6824 or emailed to [janelle@nistm.org](mailto:janelle@nistm.org). A full refund, less \$50 per person processing fee, will be paid for cancellation requests received on or before April 11, 2014. Refunds will not be paid after that date.

**Registrations are transferrable.** Player substitution requests must be in writing. They must be emailed to [janelle@nistm.org](mailto:janelle@nistm.org) on or before April 11, 2014, in order to be listed on the official players' roster.

**REGISTER BY APRIL 11, 2014 TO  
ENSURE YOUR SPOT!**

The tournament will be held  
rain or shine.

### GOLF REGISTRATION FORM

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

#### FOURSOME INFORMATION:

**Foursome** \$650.00 per foursome **X** \_\_\_\_\_ = \$ \_\_\_\_\_

**Individual** \$162.50 per golfer **X** \_\_\_\_\_ = \$ \_\_\_\_\_

☐ Golf Club  
Rentals are  
available at  
the Pro Shop  
\_\_\_\_\_ QTY

1. Name: \_\_\_\_\_

Company: \_\_\_\_\_

Email Address: \_\_\_\_\_

2. Name: \_\_\_\_\_

Company: \_\_\_\_\_

Email Address: \_\_\_\_\_

3. Name: \_\_\_\_\_

Company: \_\_\_\_\_

Email Address: \_\_\_\_\_

4. Name: \_\_\_\_\_

Company: \_\_\_\_\_

Email Address: \_\_\_\_\_

#### PAYMENT INFORMATION:

\_\_\_\_\_ **Check in Mail** (Payable to NISTM) Mail check to: PO Box 26008, Tampa, FL 33623

\_\_\_\_\_ **American Express** \_\_\_\_\_ **Discover** \_\_\_\_\_ **MasterCard** \_\_\_\_\_ **VISA**

Credit Card # \_\_\_\_\_ Exp. Date: \_\_\_\_\_

CVV # \_\_\_\_\_ Billing Address # \_\_\_\_\_ Billing Zip \_\_\_\_\_

Name on Card: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

To submit this registration form, you may either Fax it to **813.870.6824** or  
Scan/Email it to [janelle@nistm.org](mailto:janelle@nistm.org)