



8TH ANNUAL GOLF TOURNAMENT

Sunday, April 26, 2015

Rosen Shingle Creek Golf Club | Orlando, Florida | Two Shotgun Starts: 7:45am & 1:15pm

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 (3 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 (8 available)

FAX COMPLETED REGISTRATION FORM
to **813.870.6824**
or Email to: 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. A full refund, less \$50 per person processing fee, will be paid for cancellation requests received on or before April 17, 2015. 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 on or before April 17, 2015, in order to be listed on the official players' roster.

REGISTER BY APRIL 17, 2015 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 _____ = \$ _____ Golf Club Rentals are available at the Pro Shop

Individual \$162.50 per golfer _____ = \$ _____

1. Name: _____ Golf Club Rental

Company: _____

Email Address: _____

2. Name: _____ Golf Club Rental

Company: _____

Email Address: _____

3. Name: _____ Golf Club Rental

Company: _____

Email Address: _____

4. Name: _____ Golf Club Rental

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