

# NISTM

National Institute for Storage Tank Management

## 10<sup>TH</sup> ANNUAL GOLF TOURNAMENT Monday, April 17, 2017

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)

**Longest Drive Sponsor**  
\$375 each (1 available)

**SOLD** **Closest to the Pin**  
\$375 each

**SOLD** **Hole Sponsor**  
\$150 each

**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 7, 2017. Refunds will not be paid after that date. There are no refunds offered if the golf tournament is canceled due to weather or if event cancels.

**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 7, 2017, in order to be listed on the official players' roster.

**REGISTER BY APRIL 7, 2017 TO  
ENSURE YOUR SPOT!**

*The tournament will be held rain or shine.*

### GOLF REGISTRATION FORM

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

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

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

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

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

**FOURSOME INFORMATION:** Shotgun Time:  7:45am  1:15pm

**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: \_\_\_\_\_

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

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

2. Name: \_\_\_\_\_  Golf Club Rental

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

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

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

3. Name: \_\_\_\_\_  Golf Club Rental

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

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

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

4. Name: \_\_\_\_\_  Golf Club Rental

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

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

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)