



11TH ANNUAL GOLF TOURNAMENT

Monday, March 26, 2018

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

NISTM SPONSORSHIP OPPORTUNITIES

Please check your Sponsorship Option:

- Golf Tournament Title Sponsor**
- Hole-in-One Sponsor**
\$1,000 (1 available)
- Beverage Cart Sponsor**
\$650 each (6 available)
- Longest Drive Sponsor**
\$375 each (2 available)
- Closest to the Pin**
\$375 each (2 available)
- Hole Sponsor**
\$150 each (18 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 March 12, 2018. 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 on or before March 12, 2018, in order to be listed on the official players' roster.

REGISTER BY MARCH 12, 2018 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