



NISTM 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:

SOLD **Golf Tournament Title Sponsor**



Charity Title Sponsors
\$2,500* (4 available)

Beat the Pro Sponsor
\$2,500* (1 available)

Hole-in-One Sponsor
\$1,500 (1 available)

Beverage Cart Sponsor
\$750 each (6 available)

Longest Drive Sponsor
\$500 each (2 available)

Closest to the Pin
\$500 each (2 available)

Hole Sponsor
\$200 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 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 \$700.00 per foursome X _____ = \$ _____ *Golf Club Rentals are available at the Pro Shop*

Individual \$175.00 per golfer X _____ = \$ _____

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:

**Notify NISTM for special payment information on the Charity Title and Beat the Pro Sponsorships.*

_____ **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