



## NISTM 12<sup>TH</sup> ANNUAL GOLF TOURNAMENT

### Monday, April 1, 2019

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 (18 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 March 22, 2019. 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 March 22, 2019, in order to be listed on the official players' roster.

**REGISTER BY MARCH 22, 2019**  
**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](mailto:janelle@nistm.org)