

## NISTM 14<sup>TH</sup> ANNUAL GOLF TOURNAMENT

### Monday, August 30, 2021

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



**SOLD** Hole-in-One Sponsor

Longest Putt Contest Sponsor  
\$1,000 (1 available)

Beverage Cart Sponsor  
! \$850 each (6 available)

**SOLD** Longest Drive Sponsor

Closest to the Pin  
\$475 each (2 available)

Hole Sponsor  
\$275 each (2 available)

Hospitality Tent  
\$500 each

**FAX COMPLETED REGISTRATION FORM**  
to 813.591.4497 or Email to:  
[janelle@nism.org](mailto:janelle@nism.org)

#### Cancellation & Refund Policy:

All cancellations must be in writing. They may be faxed to 813.591.4497 or emailed to [janelle@nism.org](mailto:janelle@nism.org). A full refund, less \$50 per person processing fee, will be paid for cancellation requests received on or before July 30, 2021. Refunds will not be paid after that date.

Registrations are transferrable. Player substitution requests must be in writing. They must be emailed to [janelle@nism.org](mailto:janelle@nism.org) on or before July 30, 2021 in order to be listed on the official players' roster.

#### REGISTER EARLY TO ENSURE YOUR SPOT!

*The tournament will be held rain or shine. If weather cancels play, there will be no refunds; rain checks will be issued.*

### GOLF REGISTRATION FORM

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

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

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

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

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

**FOURSOME INFORMATION: Shotgun Time:**  7:45am  1:15pm Golf Club Rentals are available at the Pro Shop  
**Foursome** \$1,000.00 per foursome X \_\_\_\_\_ = \$ \_\_\_\_\_  
**Individual** \$250.00 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:

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

Billing City, State, and Zip \_\_\_\_\_

Name on Card: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

To submit this registration form, you may either Fax it to 813.591.4497 or Scan/Email it to [janelle@nism.org](mailto:janelle@nism.org)