



NISTM 13TH ANNUAL GOLF TOURNAMENT

New Date: Sunday, July 26, 2020

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

 Hospitality Tent
\$500 each

**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 April 3, 2020. Refunds will not be paid after that date.

Registrations are transferrable. Player substitution requests must be in writing. They must be emailed to janelle@nistm.org on or before April 3, 2020 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 **813.870.6824** or Scan/Email it to janelle@nistm.org