

NISTM

National Institute for Storage Tank Management

NISTM 15TH ANNUAL GOLF TOURNAMENT Tuesday, April 12, 2022

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
\$1,000

Beverage Cart Sponsor
! \$850 each (4 available)

Longest Putt Contest Sponsor
\$500 (1 available)

Longest Drive Sponsor
\$500 (2 available)

Closest to the Pin
\$500 (2 available)

Hole Sponsor
\$275 (16 available)

Hospitality Tent
\$500 each

FAX COMPLETED REGISTRATION FORM
to 813.851.1705 or Email to:
janelle@nistm.org

Cancellation & Refund Policy:

All cancellations must be in writing. They may be faxed to 813.851.1705 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 16, 2022. 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 March 16, 2022 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 813.851.1705 or Scan/Email it to janelle@nistm.org