Tuesday, September 1, 2026

El Dorado Park Golf Club | Long Beach, California | Shotgun Start: 1:00pm

SPONSORSHIP OPPORTUNITIES

Please check your Sponsorship Option:

_____ **Golf Tournament Title $3,000**
Includes a full-page ad in the program guide.

_____ **Beverage Cart $850**
Includes a full-page ad in the program guide.

_____ **Putting Contest $500**
Includes a half page ad in the program guide.

_____ **Closest to the Pin $650**
Includes a half page ad in the program guide.

_____ **Longest Drive $475**
Includes a half page ad in the program guide.

_____ **Hole Sponsor $275 each**

SUBMIT THIS REGISTRATION FORM 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 August 3, 2026. 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 August 3, 2026 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: 1:00pm

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

_____ **Send secure payment link to: (email)** _____

_____ **American Express** _____ **Discover** _____ **MasterCard** _____ **VISA**

Credit Card # _____ Exp. Date: _____

CVV # _____ Billing Full Address _____

Billing City, State, and Zip _____

Name on Card: _____

Signature: _____ Date: _____

GOLF COURSE LOCATION: El Dorado Park Golf Course
2400 N Studebaker Rd, Long Beach, CA 90815