

## NISTM 16<sup>TH</sup> ANNUAL GOLF TOURNAMENT

### Tuesday, April 11, 2023

Rosen Shingle Creek Golf Club | Orlando, Florida | Two Shotgun Starts: 7:45am & 1:15pm

#### NISTM SPONSORSHIP OPPORTUNITIES

Please check your Sponsorship Option:

**Pending Golf Tournament Title Sponsor**

\_\_\_\_\_ **Hole-in-One Sponsor**  
\$1,000

\_\_\_\_\_ **Beverage Cart Sponsor**  
\$850 each (6 available)

\_\_\_\_\_ **Longest Putt Contest Sponsor**  
\$500 (1 available)

\_\_\_\_\_ **Longest Drive Sponsor**  
\$500 (2 available)

\_\_\_\_\_ **Closest to the Pin**  
\$500 (2 available)

\_\_\_\_\_ **Hole Sponsor**  
\$275 (18 available)

\_\_\_\_\_ **Hospitality Tent**  
\$500 each

**SUBMIT THIS REGISTRATION FORM to:**  
[janelle@nistm.org](mailto: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](mailto:janelle@nistm.org). A full refund, less \$50 per person processing fee, will be paid for cancellation requests received on or before March 10, 2023. 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](mailto:janelle@nistm.org) on or before March 10, 2023 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

<b>Foursome</b>	\$1,000.00 per foursome	X _____ = \$ _____
<b>Individual</b>	\$250.00 per golfer	X _____ = \$ _____

Golf Club Rental

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 Scan/Email it to [janelle@nistm.org](mailto:janelle@nistm.org)