



## NISTM 17<sup>TH</sup> ANNUAL GOLF TOURNAMENT

**Tuesday, April 2, 2024**

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  
Discus Engineering Products

**SOLD** Hole-in-One Sponsor  
HMT LLC

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**SOLD** Putting Contest Sponsor  
Charter Industrial & DirecTank

**SOLD** Longest Drive Sponsor

**SOLD** Closest to the Pin

**SOLD** Hole Sponsor

**SOLD** Hospitality Tent

**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 4, 2024. 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 4, 2024 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

**Foursome** \$1,200.00 per foursome ☒ \_\_\_\_\_ = \$ \_\_\_\_\_

**Individual** \$300.00 per golfer ☒ \_\_\_\_\_ = \$ \_\_\_\_\_

Golf Club Rentals are available at the Pro Shop

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)