



NISTM 17TH 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

_____ **Beverage Cart Sponsor**
\$850 each (5 available)

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

_____ **Longest Drive Sponsor**
\$500 (1 available)

_____ **Closest to the Pin**
\$500 (1 available)

_____ **Hole Sponsor**
\$275 (9 available)

_____ **Hospitality Tent**
\$500 each

SUBMIT THIS REGISTRATION FORM to:
janelle@nism.org

Cancellation & Refund Policy:

All cancellations must be in writing. They may be faxed to 813.851.1705 or emailed to janelle@nism.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@nism.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

Golf Club Rentals are available at the Pro Shop

Foursome \$1,200.00 per foursome ☒ _____ = \$ _____

Individual \$300.00 per golfer ☒ _____ = \$ _____

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@nism.org