



NISTM 19TH ANNUAL GOLF TOURNAMENT

Monday, April 27, 2026

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

NISTM SPONSORSHIP OPPORTUNITIES

Please check your Sponsorship Option:

- ☐ **Golf Tournament Title Sponsor**
\$3,000 PENDING
- ☐ **Hole-in-One Sponsor**
\$1,000
- ☐ **Beverage Cart Sponsor**
\$850 each
- ☐ **Golf Ball Sponsor**
\$1,250
- ☐ **Putting Contest Sponsor**
\$500
- ☐ **Longest Drive Sponsor**
\$650
- ☐ **Closest to the Pin**
\$650
- ☐ **Hole Sponsor**
\$275 each
- ☐ **Hospitality Tent**
\$650

SEND THE COMPLETED REGISTRATION FORM to janelle@nistm.org

Cancellation & Refund Policy:

All cancellations must be in writing and 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 27, 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 March 27, 2026 in order to be listed on the official players' roster.

REGISTER TODAY 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 \$1,100.00 per foursome ☒ _____ = \$ _____
Individual \$275.00 per golfer ☒ _____ = \$ _____

Golf Club Rentals are available at the Pro Shop

1. Name: _____ Club Rental: ☐ Yes ☐ No
Company: _____
Full Address: _____
Email Address: _____
2. Name: _____ Club Rental: ☐ Yes ☐ No
Company: _____
Full Address: _____
Email Address: _____
3. Name: _____ Club Rental: ☐ Yes ☐ No
Company: _____
Full Address: _____
Email Address: _____
4. Name: _____ Club Rental: ☐ Yes ☐ No
Company: _____
Full Address: _____
Email Address: _____

Payment Information:

☐ **Check in Mail** (Payable to NISTM) Mail check to: PO Box 26008, Tampa, FL 33623

☐ **Send Payment Link (email):** _____

☐ **American Express** ☐ **Discover** ☐ **MasterCard** ☐ **VISA**

Credit Card # _____ Exp. Date: _____

CVV # _____ Billing Address # _____ Billing Zip _____

Name on Card: _____

Signature: _____ Date: _____

To submit this registration form, you may Scan/Email it to janelle@nistm.org