



## NISTM 19<sup>TH</sup> 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](mailto:janelle@nistm.org)**

#### Cancellation & Refund Policy:

All cancellations must be in writing and 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 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](mailto: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  \_\_\_\_\_ = \$ \_\_\_\_\_ **Golf Club Rentals**  
**Individual** \$275.00 per golfer  \_\_\_\_\_ = \$ \_\_\_\_\_ **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](mailto:janelle@nistm.org)