



## 5<sup>TH</sup> ANNUAL GOLF TOURNAMENT

**Tuesday, March 27, 2012**

Rosen Shingle Creek Golf Club | Orlando, Florida | 1pm Shotgun Start

### NISTM SPONSORSHIP OPPORTUNITIES

Please check your Sponsorship Option:

\_\_\_\_\_ **Golf Tournament Title Sponsor**

**SOLD**

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

\_\_\_\_\_ **Beverage Cart Sponsor**  
\$600 each (2 available)

\_\_\_\_\_ **Chipping Championship Sponsor** \$500

\_\_\_\_\_ **Longest Drive Sponsor**  
\$375 each (2 available)

\_\_\_\_\_ **Closest to the Pin**  
\$375 each (2 available)

\_\_\_\_\_ **Hole Sponsor**  
\$150 each (8 available)

**FAX COMPLETED REGISTRATION FORM**  
**to 813.870.6824**

or Email to: [janelle@nistm.org](mailto:janelle@nistm.org)

#### Cancellation & Refund Policy:

All cancellations must be in writing. They may be faxed to 813.870.6824 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 18, 2012. 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 18, 2012, in order to be listed on the official players' roster.

**REGISTER BY MARCH 18, 2012 TO ENSURE YOUR SPOT!**

*The tournament will be held rain or shine.*

### GOLF REGISTRATION FORM

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

#### FOURSOME INFORMATION:

**Foursome** \$650.00 per foursome **X** \_\_\_\_\_ = \$ \_\_\_\_\_

**Individual** \$162.50 per golfer **X** \_\_\_\_\_ = \$ \_\_\_\_\_

1. Name: \_\_\_\_\_

Company: \_\_\_\_\_

Email Address: \_\_\_\_\_

2. Name: \_\_\_\_\_

Company: \_\_\_\_\_

Email Address: \_\_\_\_\_

3. Name: \_\_\_\_\_

Company: \_\_\_\_\_

Email Address: \_\_\_\_\_

4. Name: \_\_\_\_\_

Company: \_\_\_\_\_

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 Zip \_\_\_\_\_

Name on Card: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_