



NSIBA Golf Tournament Tee Sponsorship

Name of Sponsor: _____

Contact Person: _____

Phone Number: _____

Mailing Address: _____

Name to appear on sign: _____

NSIBA Golf Tournament Golf Registration

Names of your Foursome, Contact name & phone number:

1. _____

2. _____

3. _____

4. _____

Send Registration form to Al Hendriks (albert@fecoyne.com)

Mail Payment to: NSIBA

c/o F. E. Coyne Insurance Brokers

164 Division St., P.O.Box 700, Welland On. L3B 5R5