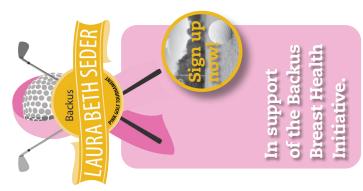


OFFICE OF PHILANTHROPY AND DEVELOPMENT 326 WASHINGTON ST. • NORWICH, CT 06360





Funds raised from this meaningful

outing will be directed to the

### Laura Beth Seder Memorial

Fund in support of the

#### **Backus Breast Health**

Initiative. Together,
we are making a
difference in the lives
of local breast cancer
patients.

Great Neck Country Club, 28 Lamphere Road, Waterford



2025

SUPPORT THIS EVENT AT **backushospital.org/seder-golf**OR CONTACT THE BACKUS OFFICE OF PHILANTHROPY
AND DEVELOPMENT AT **genevieve.schies@hhchealth.org** 



### SPONSORSHIP OPPORTUNITIES

### **EVENT SPONSOR | \$5,000**

Highest profile recognition. Includes tournament fees, foursome and carts and virtual program recognition as an Event sponsor.

#### ACE | \$2.500

Includes tournament fees, foursome and carts and virtual program recognition as an Ace sponsor.

## **EAGLE | \$1,000**

Includes tournament fees, foursome and carts and virtual program recognition as an Eagle sponsor.

## BIRDIE | \$500

Includes tournament fees and cart for two players, and virtual program recognition as a Birdie sponsor.

# PAR – INDIVIDUAL GOLFERS | \$225 EACH

All registrations include lunch and post golf reception.

Support this event at backushospital.org/seder-golf

## **OPPORTUNITIES FOR NON-GOLFERS**

## **PUTTING GREEN | \$150**

Support the Breast Health Initiative with a business sign on the putting green and listing in the program.

## TRIBUTES | \$100

An opportunity for individuals to include a special message in the program.

FRIENDS | LESS THAN \$100

# **RECEPTION TICKETS | \$35 PER PERSON**

Join us for the post-golf Pink reception (meal included, cash bar)

Registration 10 a.m.

Shotgun Start 11 a.m. Post-Play Reception 4 p.m.-ish

## SPONSOR REGISTRATION

Payment is due at time of registration to secure your reservation.

Please submit registration form, sponsor ad and payment, payable to Backus Hospital.

Sponsor Name
Sponsor Level $\ \square$ Event $\ \square$ Ace $\ \square$ Eagle $\ \square$ Birdie $\ \square$ Putting Green $\ \square$ Tribute $\ \square$ Friend
Address
City/State/Zip Telephone
E-mail (required)
Complete tribute below email virtual messages to: genevieve.schies@hhchealth.org *DEADLINE — SEPT. 5*  TRIBUTE (200 character max.)

# **GOLFER REGISTRATION**

\$225 per player (\$100 tax deductible) includes: Green fees and cart, lunch, reception, give-aways, longest drives, closest to pin and hole-in-one prizes.

Please accept my payment of \$_	
Check is enclosed, payable to Ba	ickus Hospital
Please charge my credit card:	Visa Mastercard Discover AmEx
Card #	
	_Signature
1. Team Captain	
Address	
E-mail	
Phone	Handicap*
2. Player's Name	Handicap*
3. Player's Name	Handicap*
4. Player's Name	Handicap*

\*If you do not supply a handicap, you will be assigned the maximum (36). Please indicate average score for the last five rounds.

For additional information, please call Gen Schies at **860.823.6331.** Email registration to **genevieve.schies@hhchealth.org** or mail to Backus Hospital, Office of Philanthropy and Development, 326 Washington St., Norwich, CT 06360