



In support  
of the Backus  
Breast Health  
Initiative.



MONDAY  
SEPT. 29  
2025

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**

SUPPORT THIS EVENT AT [backushospital.org/seder-golf](https://backushospital.org/seder-golf)  
OR CONTACT THE BACKUS OFFICE OF PHILANTHROPY  
AND DEVELOPMENT AT [genevieve.schies@hhchealth.org](mailto: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](http://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 ☐ Event ☐ Ace ☐ Eagle ☐ Birdie ☐ Putting Green ☐ Tribute ☐ 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 Backus Hospital

\_\_\_ Please charge my credit card: \_\_\_ Visa \_\_\_ Mastercard \_\_\_ Discover \_\_\_ AmEx

Card # \_\_\_\_\_

Exp. Date \_\_\_\_\_ Signature \_\_\_\_\_

**1. Team Captain** \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

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