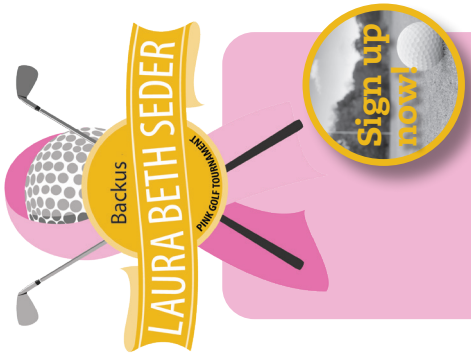
Hartford HealthCare

Backus Hospital

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



In support of the Backus Breast Health Initiative.

15th ANNUAL

Backus LAURA BETH SEDER

PINK GOLF TOURNAMENT

MONDAY **SEPT. 28** 2026

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**
OR CONTACT THE BACKUS OFFICE OF PHILANTHROPY
AND DEVELOPMENT AT **genevieve.schies@hhchealth.org**

Hartford HealthCare
Backus Hospital

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.

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 | $200
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 _____

2. Player's Name _____

3. Player's Name _____

4. Player's Name _____

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