In support of Healthy Communities

Monday, June 10, 2024
Lake of Isles,
North Stonington, CT 06359

Rain or shine

The 43rd annual Backus Golf Tournament

Your support will help us continue our community health outreach programs — providing wellness exams, preventative screenings, vaccinations, behavioral health counseling, and important connections for follow-up care to people and places most in need.

Sponsorship makes the difference

Thank you to the generous sponsors and supporters of the 2023 Healthy Community Golf Tournament in support of the Backus Neonatal Intensive Care Unit (NICU) Program.

To register and reserve your space:

Pay online at backushospital.org/golf

Email form to genevieve.schies@hhchealth.org

Or mail to:
Backus Development Office
326 Washington St.
Norwich CT 06360
SPONSORSHIP OPPORTUNITIES

Healthy Community Sponsor — $10,000
- Premier recognition as Healthy Community Sponsor at Golf Tournament and additional Backus community education events and programs
- Virtual program recognition as Healthy Community sponsor
- Logo signage on carts
- South and North Course recognition
- South Course play (4 tournament fees and carts)

Health Champion — $5,000
- High-profile recognition and virtual program recognition as Health Champion sponsor
- Logo signage on carts
- South and North Course recognition
- South Course play (4 tournament fees and carts)

Health Advocate – $3,500
- Virtual program recognition as Health Advocate sponsor
- South Course recognition
- South Course play (4 tournament fees and carts)

Prevention Partner – $2,500
- Virtual program recognition as Prevention Partner sponsor
- North Course recognition
- North Course play (4 tournament fees and carts)

Living Well Sponsor – $1,500
- Virtual program recognition as Living Well sponsor
- North Course recognition
- North Course twosome (2 tournament fees and cart)

Booster – $250
- Non-playing supporter
- Listing in program

A portion of your contribution may be tax deductible. Please consult your tax professional.

SPONSOR REGISTRATION

Payment is due at time of registration to secure your reservation.
Make checks payable to Backus Hospital.

Sponsor Name _______________________________________________________________
Sponsorship Level ___________________________ Contact _______________________
City/State/Zip_______________________________ Telephone ______________________

Virtual program ads or logos must be emailed to: genevieve.schies@hhchealth.org by May 8, 2024.

GOLFER REGISTRATION

Pay online at backushospital.org/golf

☐ Please accept my payment of $_________
☐ Check is enclosed, payable to Backus Hospital
☐ Please charge my credit card:
  Card # __________________________________________
  Exp. Date _____________________ Signature ______________________________

Payment is due at time of registration to secure your reservation. Please submit registration form and payment, payable to Backus Hospital.

1. Team Captain  ____________________________________________________________
   Address ________________________________________________________________
   City/State/Zip ___________________________________________________________
   Phone ___________________ Email ________________________________ (Required)

2. Player’s Name ____________________________________________________________
   Address ________________________________________________________________
   City/State/Zip ___________________________________________________________
   Phone ___________________ Email ________________________________

3. Player’s Name ____________________________________________________________
   Address ________________________________________________________________
   City/State/Zip ___________________________________________________________
   Phone ___________________ Email ________________________________

4. Player’s Name ____________________________________________________________
   Address ________________________________________________________________
   City/State/Zip ___________________________________________________________
   Phone ___________________ Email ________________________________

Foursome: $1,000 ($250/player) / Sponsors receive priority registration

Make all checks payable to Backus Hospital and mail with registration to:
Backus Hospital Development Office, 326 Washington St., Norwich, CT 06360
or email form to genevieve.schies@hhchealth.org
For more information, please contact Gen Schies at 860.823.6331