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
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 or email virtual program ads and messages to:

genevieve.schies@hhchealth.org  *AD DEADLINE - SEPT. 6*

TRIBUTE (200 character max.) ________________________________________________

________________________________________________________________________

________________________________________________________________________

GOLFER REGISTRATION

$200 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__________________________________ Telephone ______________________

E-mail _____________________________________________________________

Phone ___________________________________ Handicap* __________________

2. Player's Name __________________________________ Handicap* __________

3. Player's Name __________________________________ Handicap* __________

4. Player's Name __________________________________ Handicap* __________

*If you do not have an official handicap (36 max.), 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