

Corporate Sponsorship

Middlesex Health Golf Tournament
Monday, June 3, 2024
TPC River Highlands + Cromwell, CT



Save time, register online! MiddlesexHealth.org/HospitalGolf

Contact Name: _____

Business Name: _____

Address: _____

Phone: _____ Fax Number: _____

Email: _____

I/We would like to become an event sponsor at the following level:

- | | |
|---|--|
| <input type="checkbox"/> Title Sponsor (\$15,000) | <input type="checkbox"/> Hole-in-One Award (\$4,000) |
| <input type="checkbox"/> Tournament Awards (\$10,000) | <input type="checkbox"/> 19th Hole (\$4,000) |
| <input type="checkbox"/> Scoreboard (\$7,500) | <input type="checkbox"/> Driving Range Fee (\$3,000) |
| <input type="checkbox"/> Lead Hole, Front Nine (\$5,000) | <input type="checkbox"/> Practice Green (\$3,000) |
| <input type="checkbox"/> Lead Hole, Back Nine (\$5,000) | <input type="checkbox"/> Bag Drop (\$3,000) |
| <input type="checkbox"/> Carts (\$5,000) | <input type="checkbox"/> Hole Sponsorships (\$2,000) |
| <input type="checkbox"/> Dinner Reception (\$5,000) | <input type="checkbox"/> Benefactor (\$1,500) |
| <input type="checkbox"/> Luncheon (\$5,000) | <input type="checkbox"/> Patron (\$1,000) |
| <input type="checkbox"/> Raffle Prizes (\$4,000) | <input type="checkbox"/> Platinum (\$500) |
| <input type="checkbox"/> On-course Refreshments (\$4,000) | <input type="checkbox"/> Donor (\$100 - \$400) |

RESERVE EARLY!
All sponsorships sold out in 2023.

Please make all checks payable to: Middlesex Hospital
c/o Department of Philanthropy • 28 Crescent Street • Middletown, CT 06457
You may also fax the form and payment information to **860-358-6568**
or email Steven.Liedlich@midhosp.org

Or, if you prefer: I authorize use of my credit card: MasterCard Visa Discover

In the amount of \$ _____

Card Number _____ CVN _____ Expiration Date _____

Signature _____

May 10 is the sponsorship deadline to receive full benefits.

OVER FOR GOLFER REGISTRATION

Golfer Registration

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Info available online: MiddlesexHealth.org/HospitalGolf

Contact Name: _____

Business Name: _____

Address: _____

Phone: _____ Fax Number: _____

Email: _____

**GOLF FOURSOMES
ARE AVAILABLE ON A
WAITING LIST BASIS ONLY.**

to join wait list, email
steven.liedlich@midhosp.org

Sponsors may add on one foursome at the discounted price.

- Foursome (\$2,400 for 4 players)
- Sponsor Foursome (\$1,900 for 4 players)

Golfer #1
Name: _____
Address: _____
Email: _____
Telephone: _____

Golfer #2
Name: _____
Address: _____
Email: _____
Telephone: _____

Golfer #3
Name: _____
Address: _____
Email: _____
Telephone: _____

Golfer #4
Name: _____
Address: _____
Email: _____
Telephone: _____

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foursomes are available on waiting list basis only

OVER FOR CORPORATE SPONSORSHIP INFORMATION