

# Corporate Sponsorship

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



Save time, register online! [MiddlesexHealth.org/HospitalGolf](https://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](mailto: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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Monday, June 3, 2024  
TPC River Highlands + Cromwell, CT



Info available online: [MiddlesexHealth.org/HospitalGolf](https://MiddlesexHealth.org/HospitalGolf)

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Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email: \_\_\_\_\_

Sponsors may add on one foursome at the discounted price.

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

GOLF FOURSOMES  
ARE AVAILABLE ON A  
WAITING LIST BASIS ONLY.

to join wait list, email  
[steven.liedlich@midhosp.org](mailto:steven.liedlich@midhosp.org)

## 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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Card Number \_\_\_\_\_ CVN \_\_\_\_\_ Expiration Date \_\_\_\_\_

Signature \_\_\_\_\_

foursomes are available on waiting list basis only

**OVER FOR CORPORATE SPONSORSHIP INFORMATION**