



2024 Hospice Golf Tournament Committee

John J. Kelley, Jr. *Chairman*

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Melanie Cama

Chris Crouch

Jay B. Doolittle

Peter LaMalfa, Jr.

Paul LaMonica

Tom Nolan

Cherie Norton

Jill Norton

Sherry Russenberger

Linda Sweet

Ben Tierney

Middlesex Health

38th Annual Hospice Golf Tournament

2024 Presenting Sponsor

ion BANK

PORTLAND GOLF COURSE

Portland, Connecticut

Tuesday, September 10, 2024

Join us!

Connect with Middlesex County community leaders for a day of networking, great food and 18 holes of golf. Your support this year will help the Hospice Golf Tournament build on its lifetime achievement of raising over \$1.2 million.

Middlesex Health Hospice Program

Middlesex Health Hospice Program cares for patients who face life-limiting illnesses and their families. More than nursing care, the program focuses on emotional and spiritual support, as well as managing pain and symptoms. Our community recognizes the importance of the program and has generously supported the Hospice Golf Tournament hosted by the Portland Golf Course since 1987.

Sponsorship

As a sponsor, you receive recognition and promotion within the community, while ensuring the overall success of the event. Sponsorship investment levels range from \$100 - \$5,000. Please see next page for more details.

For more information, please contact:

Steven Liedlich, Development Officer

860-358-6804

steven.liedlich@midhosp.org

Sponsorship Registration

**38th Annual Middlesex Health
Hospice Golf Tournament
Tuesday, September 10, 2024
Portland Golf Course
Portland, CT**



PLEASE register online at MiddlesexHealth.org/HospiceGolf

Contact Name: _____

Business Name: _____

Address: _____

Phone: _____

Fax Number: _____

E-mail address: _____

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

Event Sponsorship:

- ☐ **\$5,000** Presenting Sponsor (RESERVED)
- ☐ **\$2,500** Lead Sponsor
- ☐ **\$2,000** Recognition as Sponsor for one the following; Lead Hole Front Nine or Lead Hole Back Nine
- ☐ **\$1,500** Recognition as Sponsor for one the following; Hole-in-One-Award, Luncheon, Dinner Reception, or Golf Carts
- ☐ **\$1,000** Recognition as Sponsor for one the following; Registration, Practice Green, Golf Gift-Pack, Breakfast, Refreshment, Scoreboard, Happy Hour, or 19th Hole
- ☐ **\$500** Leaderboard Sponsor
- ☐ **\$300** Eagle Sponsor
- ☐ **\$200** Hole-in-One Club Sponsor
- ☐ **\$100** Birdie Club Sponsor

Raffle Item Sponsor:

- ☐ I would like to contribute merchandise to be used as a raffle item.

Item: _____

- ☐ Enclosed
- ☐ Needs pickup

I would like my sponsorship listed in memory of: _____

Relationship to you: _____

If you can't register online, please return your completed form with full payment to:

(checks payable to: Hospice Golf Tournament)
Middlesex Health, Department of Philanthropy
28 Crescent Street • Middletown, CT 06457
or fax to: 860-358-6568
or email Steven.Liedlich@midhosp.org

Please return the completed form and payment by August 23.

2024 Presenting Sponsor



Golfer Registration

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Tuesday, September 10, 2024
Portland Golf Course
Portland, CT**



PLEASE register online at MiddlesexHealth.org/HospiceGolf

Payment secures your spot in the tournament, which sells out early.

First registered/first served. **Please note - payment will not be accepted day of event.**

Contact Name: _____

Business Name: _____

Address: _____

Phone: _____ Fax Number: _____

E-mail address: _____

I/We would like to play as an: ☐ **Foursome** (\$700 per foursome)

GOLFER #1

Name: _____

Address: _____

Telephone: _____

e-mail: _____

GOLFER #2

Name: _____

Address: _____

Telephone: _____

e-mail: _____

GOLFER #3

Name: _____

Address: _____

Telephone: _____

e-mail: _____

GOLFER #4

Name: _____

Address: _____

Telephone: _____

e-mail: _____

If you can't register online, please return your completed form with full payment to:

(checks payable to: Hospice Golf Tournament)

Middlesex Health, Department of Philanthropy

28 Crescent Street • Middletown, CT 06457 or fax to: 860-358-6568

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