

## Sponsorship makes the difference

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.



## Buy a Bargain Bundle in advance

Get a leg up on the competition and support Backus Community Health Outreach programs in the process. For just **\$50**, you'll receive:

- 2 Mulligans (value \$20)
- 1 Putt for prizes entry (value \$20)
- 1 Air Cannon Closest to the Pin contest entry (value \$20)
- Plus, entry for all on-course competitions (Longest Drive, Hole-in-One and Closest to the Pin)

Go to <https://backsgiving.hartfordhealthcare.org> and select **Golf Bundle**

The 44th annual  
**Backus Golf Tournament**

**Monday, June 9, 2025**

Lake of Isles,  
North Stonington, CT 06359

**Rain or shine**

*In support of*  
**Healthy Communities**

**To register and reserve your space:**

Pay online at  
**backushospital.org/golf**

Email form to  
genevieve.schies@  
hhhealth.org

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

		<b>2024 Backus Annual Golf Tournament</b> <b>In Support of a Healthy Community</b>		<b>THANK YOU</b> to our sponsors	
<b>HEALTHY COMMUNITY SPONSOR</b>  		<b>HEALTH CHAMPION</b>    Donna & Brian Handley  INTEGRATED ANESTHESIA ASSOCIATES  mbh architecture  OB/GYN CENTERS  Dave & Tara Whitehead			
<b>HEALTH ADVOCATE</b>  Dr. Mickey & Dr. Rachna Walla		<b>PREVENTION PARTNER</b>    General Dynamics Electric Boat Theresa Buss		<b>LIVING WELL</b> Golf Ball Sponsor MBH Architecture Hole-In-One Sponsor Values Family of Endorphins Sponsor Courtesy of Cornell Middle, LLC Connecticut Hospital Association Steve Bach Hartford Pathology Associates Norwich Public Utilities	

Thank you to the generous sponsors and supporters of the 2024 Healthy Community Golf Tournament.



# The 44th annual Backus Golf Tournament

Monday,  
June 9, 2025

Lake of Isles  
North Stonington

Registration  
10 – 11 a.m.  
Shotgun Start  
11 a.m.

Post-Golf Reception  
4 p.m. (approximately)

Registration opens  
Feb 15

Sponsors receive priority  
player reservations.

Register and pay online at  
[backushospital.org/golf](http://backushospital.org/golf)

## 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 \_\_\_\_\_  
 Address \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_ Telephone \_\_\_\_\_

Virtual program ads or logos must be emailed to:  
[genevieve.schies@hhchealth.org](mailto:genevieve.schies@hhchealth.org) by May 8, 2025.

## GOLFER REGISTRATION

### Pay online at [backushospital.org/golf](http://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](mailto:genevieve.schies@hhchealth.org)  
For more information, please contact Gen Schies at **860.823.6331**