



Sponsorship Opportunities

Monday, October 6, 2025
Hampton Hills Golf & Country Club
Westhampton Beach, NY

Please check your selection:

- Gold Sponsorship**..... **\$20,000**
Special recognition signage on all promotional items and at Awards Reception. 8 tournament playing spots including greens fees, breakfast, golf carts, gift bags and Reception Luncheon. Signage on 5 tee/greens.
- Golf Cart Sponsorship**..... **\$15,000**
Special recognition signage on 18 golf carts and at Awards Reception. 8 tournament playing spots including greens fees, breakfast, golf carts, gift bags and Reception Luncheon.
- Awards Luncheon Sponsor** **\$5,000**
Special recognition signage at Awards Luncheon. 4 tournament playing spots including greens fees, breakfast, golf carts, gift bags and Reception Luncheon.
- Half Way House Sponsor** **\$5,000**
Special recognition signage at Half Way House. 4 tournament playing spots including greens fee, breakfast, golf carts, gift bags and Reception Luncheon.
- Breakfast Sponsor** **\$5,000**
Special recognition signage at breakfast. 4 tournament playing spots including greens fee, breakfast, golf carts, gift bags and Reception Luncheon.
- Foursome**..... **\$3,000**
One foursome including greens fees, breakfast, golf carts, gift bags and Reception Luncheon.
- Individual Player** **\$750**
- Tee/Green Sponsorship Opportunities**
 - Signage on 1 tee/green\$200
 - Signage on 3 tees/greens.....\$500

Peconic Bay Medical Center's 2025 Golf Classic at Hampton Hills Golf & Country Club | October 6, 2025

Name _____ Company _____

Address _____ City/St/Zip _____

Phone _____ Fax _____ Email _____

- Please reserve my sponsorship/foursome for \$ _____.
- Please reserve my Tee/Green Sponsorship for \$ _____. (Email high resolution logo to cporter3@northwell.edu)
- Enclosed is my check for \$ _____. Kindly make checks payable to: Peconic Bay Medical Center.
- Please charge my: MC Visa AmEx Cardholder Number _____ Exp. Date ___/___/___ Sec. Code _____

Should you have any questions, please call PBMC Health's Foundation Office at 631-548-6080. Please mail this form to PBMC Foundation, 1 Heroes Way, Riverhead, NY 11901 or via email cporter3@northwell.edu or fax it to 631-548-6048.