

Mather Hospital Northwell Health



2022 Village Cup Regatta
Sail, Celebrate & Support

On Saturday, September 10, 2022, the Port Jefferson Yacht Club and Village of Port Jefferson is hosting the Port Jefferson Yacht Club's 13th annual **Village Cup Regatta** for the benefit of Mather's Palliative Medicine Program and the Lustgarten Foundation.

You, your friends and family are invited to be crew members on the sailboats. **No prior sailing experience is required.**

Responsibilities may include: trimming and handling of sails, moving from one side of the boat to the other side at the captain's request, winching or tailing the sheets of the sails and aiding in the navigation of the race course. You may participate in as much or as little as you are comfortable with. Expect to be on the water from approximately 10 am–3:30 pm. Crew members are also invited to Skipper's Reception at the Port Jefferson Village Center after the race.

All crew members will receive an event t-shirt. Once again, we are asking all crew members to donate a minimum of \$30 and are encouraging you to help raise additional funds from family, friends, co-workers, or business associates. Checks are to be made payable to the **Port Jefferson Yacht Club Foundation**.

Registration opens at 9 am at the dock of the Port Jefferson Yacht Club. Parade of boats begins at 11 am. Lunch will be provided by your captain. Official race time is 1 pm. All boats should return to the dock no later than 4 pm. Skipper's reception ends at 6:30 pm and includes a buffet dinner, dessert, music and unlimited beer, wine, soda and water.

If you are interested, please fill out the crew member registration form and mail it with your check to Cindy Court in Public Affairs Dept. at Mather Hospital, 75 North Country Road, Port Jefferson, NY 11777. If you have any questions, contact me at 631.476.2723 or email ccourt1@northwell.edu.

OVER →



Village Cup Regatta

9/10/22

Please fill out all information as this will be shared with your boat Captain.

*Name: _____

*Hospital Name: _____

*Dept: _____ Work Phone: _____

*Home Address: _____

*City: _____ *State _____ * Zip _____

*Home Phone: _____

*Cell Phone: _____

*Home Email: _____

*Required Fields

Do you have any sailing experience: Yes No

Sailing experience is not necessary

Return completed form to:

Cindy Court

Mather Hospital

Public Affairs Dept.

75 North Country Road

Port Jefferson, NY 11777

Email: ccourt1@northwell.edu