

Mather Hospital Northwell Health



2025 Village Cup Regatta Sail, Celebrate & Support

On Saturday, September 6, 2025, the Port Jefferson Yacht Club and Village of Port Jefferson is hosting the Port Jefferson Yacht Club's 16th 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 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 racecourse. 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 \$60 and are encouraging you to help raise additional funds from family, friends, co-workers, or business associates. **To register as crew, sponsor, or donate go to www.villagecup.org** or print out the crew form on the back and mail a completed form with a check made payable to the **Port Jefferson Yacht Club Foundation** and mail to Public Affairs, Mather Hospital, 75 North Country Road, Port Jefferson, NY 11777.

Check in opens at 9 am at the dock of the Port Jefferson Yacht Club. The parade of boats begins at 11 am. Lunch will be provided by your captain. The 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, music and unlimited beer, wine, soft drinks and water.

If you have any questions, contact Mather's Public Affairs at 631.476.2723 or email ccourt1@northwell.edu.



Village Cup Regatta 9/6/25

Please complete all the information as this will be shared with your boat Captain.

*Name: _____

*Northwell employee? YES or NO (circle) Hospital Name: _____

*Home Address: _____

*City: _____ *State _____ Zip _____

*Cell Phone: _____ *Home Phone: _____

*Home Email: _____

Please try to place me on a ☐ HOSPITAL BOAT ☐ VILLAGE BOAT

*Required Fields

Do you have any sailing experience: ☐ Yes ☐ No

Sailing experience is not necessary

Return completed form to:

Mather Hospital
Public Affairs Dept.
75 North Country Road
Port Jefferson, NY 11777
Email: ccourt1@northwell.edu



Scan to register online