

# Mather Hospital Northwell Health



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## 2024 Village Cup Regatta Sail, Celebrate & Support

On Saturday, September 7, 2024, the Port Jefferson Yacht Club and Village of Port Jefferson is hosting the Port Jefferson Yacht Club's 15<sup>th</sup> 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 \$50 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. 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, 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 the 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](mailto:ccourt1@northwell.edu).

**OVER** →



## Village Cup Regatta 9/7/24

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](mailto:ccourt1@northwell.edu)