It was going to be

a lecture unlike any Sean Walsh had delivered in his two-decade career as professor of exercise physiology. As his “students” took seats on office chairs, exercise tables, and brightly colored exercise balls, the 43-year-old couldn’t help but notice the stark contrast the gathering group made to the young backpack-toting students to which he was accustomed.

The lesson the Central Connecticut State University (CCSU) instructor was about to deliver in the middle of Gaylord’s inpatient therapy gym—two dozen medical professionals, patients, and Gaylord’s CEO—was a final exam of sorts; the culmination of months of intensive rehabilitation and hard work. It was “go” time.

A Thief in the Night

On a February evening in 2017, Sean tucked his two young daughters in bed, unaware that his life was about to change. As Sean slept, his wife was startled awake by strange noises emanating from her husband. She was unable to rouse him and knew something was terribly wrong.

At a local hospital, doctors determined that Sean had suffered a stroke in the sleep center of his brain. They kept him in a medically induced coma for ten days and said it would be at least six months before the full potential of Sean’s recovery could be determined.

“My first memory after the stroke was pretty hazy,” he recalled. “I was in a wheelchair, in the middle of a large room. My family and friends were there, singing ‘Happy Birthday.’” As his confused mind became more lucid, Sean began
Dear Friends,

In this edition of Contributions, we highlight our focus on “Think Possible.” This mindset pertains not only to the care and therapy we provide, but also to the acquisition and use of resources that enhance our patients’ immediate and long-term recovery.

Because we have the “the right people to support” us, we are able to think outside the box while believing that often “anything is possible.”

“Think Possible” can involve creative therapy techniques, such as Sean’s lecture to help him regain confidence, or having the resources, such as the hospice room, to offer a patient like Frank an alternative option for care.

It can also mean providing critical emotional support to patients, like Suzi and Frank, as they confront complex health conditions. And “Think Possible” can influence the trajectory of a patient’s future, such as Chip’s recovery from a stroke that resulted in a career helping disabled students navigate their college education.

Speaking of “Think Possible,” we are pleased to announce funding for new guest cottages on campus. We hope to break ground soon with more details to come in the next edition of Contributions.

Thank you for your ongoing and generous support.

With deep appreciation,

Tara Knapp
VP of Development, Marketing, and Public Relations
tknapp@gaylord.org
(203) 284-2838

“We strongly believe that you have the right people there to support you.”

—Misty Copeland

“Be strong, be fearless, be beautiful. And believe that anything is possible when you have the right people there to support you.”

—Misty Copeland

Articles in this issue were written by Katherine L. Kraines and Joy Savulak.
AN UNKNOWN ACCIDENT:

Joe Takes the “Next Step”

“When I woke up from my coma, Michelle was with me. We decided there were two paths we could take. We could take the dark path and blame the world for what happened, or we could take the light path and turn this into a positive experience.” –Joe Sharron

Joe Sharron has no memory of how he broke his neck and neither does his wife, Michelle. It was December 13, 2016, and the couple was several days into a vacation in Mexico when Michelle was notified that Joe had been in an accident. She couldn’t imagine what had happened. Just a few hours earlier, she had snapped a photo of Joe beside the resort’s pool before leaving for her massage.

Michelle was driven to the hospital but given no details about an accident or the extent of Joe’s injuries. Later, she was told that a U.S.-trained physician was going to insert a titanium bridge through the front of Joe’s neck where his C3 and C4 vertebrae were broken and that he would be in a medical coma.

Memories and Stories
Eventually, the Sharrons tried to piece together their memories of that day. At lunchtime, they had met some friends coming out of the restaurant as they were going in, and the couples had decided to meet for dinner. After lunch, Joe and Michelle spent several hours enjoying the pool. Michelle’s last memory of Joe was leaving him sitting beside the pool. Joe’s last memory was talking with their friends at lunchtime.

Over time, some details emerged, but nothing revealed how the accident occurred. “I ended up in the ocean with a broken neck,” Joe said. “I floated from the J. W. Marriott Resort, where we were staying, to the Hard Rock [Hotel], which was the next resort down. A gentleman from Colombia saw me in the water, and something didn’t look right to him. He went in and pulled me out.”

According to stories they were told, two lifeguards attempted CPR but Joe was purple and blue, and they thought he was dead. The lifeguards then went to get a security guard to remove the body. “But [the gentleman from Colombia] got a third lifeguard who brought me back to life,” said Joe. “Eyewitnesses said I was out for as long as 24 minutes. It’s a miracle I survived.”

After the surgery, concerns about pneumonia required an immediate decision on where Joe should receive further care. An air ambulance flew Joe to Massachusetts General Hospital, where he had a tracheostomy and was put on a ventilator. After ten days in the ICU, the medical consensus was that Joe would be ventilator-dependent and the complete spinal cord injury left little hope of sensation or movement below the neck.

Choosing Their Path
“When I woke up from my coma, Michelle was with me. We decided there were two paths we could take,” he explained. “We could take the dark path and blame the world for what happened, or we could take the light path and turn this into a positive experience and, hopefully, one day help others who are going through a similar situation.”

Joe’s next step was three months at Spaulding Rehabilitation Hospital. There he was weaned from the ventilator and tracheostomy and recovered a little sensation in his arms and some movement in his arms and...
WHEN LIFE CHANGES:

Hospice Room Provides Comfort

“I’d always wanted him to come to Gaylord and it was a godsend when the Gaylord representative walked into the hospital room that day. I don’t why, but I just broke down.”  –Wendy Brunell

It had been a rough and stressful year for Wendy Brunell and her husband Frank Gentile. In 2016, Frank was diagnosed with stage IV lung cancer that had spread to the liver, brain, and other parts of his body. He was only 58 years old.

In the fall, Frank started running a high fever and doctors thought an infection was brewing in his lungs. “We were in and out of the hospital probably twelve times,” Wendy said. “But they couldn’t find the source of the infection.”

Frank was put on stronger antibiotics and steroids, but the steroids only masked the mushrooming infection. His complaints of persistent, intense hip pain lead to an ileostomy and the insertion of three drains to help drain the infection that now seemed to be in his abdomen.

**Trying to Walk**

“At that point, the doctors said we had to get Frank up and walking,” Wendy explained. “I’d always wanted him to come to Gaylord and it was a godsend when the Gaylord representative walked into the hospital room that day. I don’t know why, but I just broke down.”

After arriving at Gaylord, Frank couldn’t make progress with walking. The slightest pressure caused excruciating hip pain and even when the drains were removed, the pain remained. Then, hospitalist Mohammed Majeed, MD, examined Frank and said he thought something else was going on.

“I LOVE Dr. Majeed,” Wendy said. “He did a CT scan of Frank’s pelvic region, including his hip and leg, and found that the cancer had eaten into the hip and down into the femur. Frank’s pelvic region was a mess! The irony is that we had to come to a rehab hospital to find out what was going on.”

**Care and Comfort**

The source of Frank’s pain was now clear but the infection had ballooned out of control and he was septic. “At that point, it was obvious that we needed hospice care and I wanted to take Frank home so we could care for him. Dr. Majeed was willing, but he discussed another option with us,” Wendy said. “Frank could stay in the hospice room on Hooker 1. They could keep his pain under control and it would be less stressful. Frank was comfortable at Gaylord and loved everyone here—the doctor and the nursing staff. We decided the hospice room was a great option.”

The hospice room on Hooker 1 is very close to the nurses’ station and right next to a quiet lounge where family and friends can gather while visiting. The room is spacious and has a couch that can be converted to a bed so that a family member can sleep in the same room.

“We didn’t look back and the care was A-1. Dr. Majeed is the best doctor I’ve ever met in my fifty years,” Wendy said. “The way he is, his demeanor, and the way he looks at you and listens. He doesn’t rush you. He just has a presence and energy. I love that guy!”

**The Best Care**

It gave Wendy comfort to know that Frank could get the care he needed, and with a 14-year-old son at home, she didn’t feel as split trying to attend to everyone’s
needs. It was easy to visit as often as they wanted, any time of the day or night. And Frank received top-notch nursing care. He passed away on January 24, 2017, after a little over two weeks in hospice.

Wendy said that the nurses and Dr. Majeed helped Frank to have a beautiful death. “I know that sounds strange,” she said. “But that’s the way it was.”

In Frank’s obituary, the family asked that any gifts in Frank’s name be sent to Gaylord as a tribute to the care he had received and as a way to help other patients and their families.

**A reflection about Frank’s care from his wife, Wendy Brunell, one year later:**

When I think back on what transpired and how quickly Frank’s prognosis changed from years to weeks, I am so thankful that the hospice room was available. Frank felt so comfortable living his remaining weeks at Gaylord, which speaks volumes about the staff and the comfort and trust he had with them. As his family, we could not have wished for a more perfect scenario to make his remaining days comfortable, and how easy it made the transition for us as caregivers.

Your caring, concerned, and welcoming staff made it much easier to decide to keep Frank at Gaylord [instead of hospice at home]. They were an extended part of our family during that tenuous and trying time of taking our loved one on his final journey, or should I say his final landing. As a pilot, Frank was “The Captain” and he sailed onto that landing strip just the way he wanted to, thanks to Dr. Majeed and the staff.

**Jeff Baptist, a friend of the family, shares his thoughts:**

I was in Frank’s room [at Gaylord] the morning the doctor told Frank and his family the results of the test. It was a day I’ll never forget, and I was so impressed with the way Dr. Majeed explained everything to us.

When they moved Frank into the hospice room, I met the nurses who were going to work with Frank. I cannot say enough about them. Nurse Pat had worked with Frank when he was in his first room, and I was so happy that she was going to be with him on Hooker 1. She was fantastic dealing with our humor and one of the warmest persons I’ve ever met. Nurse Stephanie Marie was also very caring and compassionate, as was the other staff that regularly checked in on Frank.

Stephanie Marie, Pat, and Dr. Majeed all came to Frank’s funeral service. It was such a wonderful gesture for them to take the time out of their busy schedules to show their love and support to Frank’s family. It was a great reflection on your facility.

**Frank’s daughter, Trish, talks about her experiences at Gaylord:**

Since I was in high school, my father had battled cancer and we were in and out of various hospitals, meeting MANY doctors. I was very close to my dad and very protective of him. The first time I came to Gaylord I had no idea what to expect. I was hoping that he would be walking out soon. But his condition got worse and that was when I met Dr. Majeed. At first I was not very approachable. To me, Dr. Majeed was just another doctor in a long string of doctors.

But I couldn’t have been more wrong! Dr. Majeed changed my life. He listened to me and explained things to make sure I knew EXACTLY what was going on. He cared about the little things, and he and my dad built a beautiful rapport.

Eventually Dr. Majeed had to break the news to me that my father was going to die. It’s a conversation I’ll never forget. But I’m so happy that he was the one who told me because he comforted me more than you can imagine.

When we arrived in the hospice room, the family before us had left a handmade quilt for the next family. I was immediately comforted. My dad knew he was going to die, and we asked him if that room, that place, with these people…was okay with him. He looked up with tears in his eyes, looked around the room, looked at all of us, and just smiled.

We were told my dad had one to three weeks to live, and he lasted two and a half weeks. Those are weeks that I will never forget. The Gaylord staff became our family. As tough as it was, I LOVED going to Gaylord, not only to see my dad, but to see all the nurses and receptionists and, of course, Dr. Majeed.

I could go on forever about how much Gaylord means to me. The nurses and doctors taught me that death is beautiful, and the whole process is beautiful, as odd as that sounds. They held my hand and gave me a shoulder to cry on when I needed them. I truly know that I would not be the person I am today without the people I met in that hospital.

**Sample wording to include Gaylord as a memorial gift in an obituary.**

In lieu of flowers, memorial contributions can be sent to Development Office, Gaylord Hospital, PO Box 400, Wallingford, CT 06492.
“It’s not an earth-changing amount, but I know that every bit adds up. We believe in Gaylord and its mission. It’s a place that will always be near and dear to us.”
– Wayne Schober

Cheryl Kennedy and Wayne Schober of New York have a tradition. Each time the couple travels the Merritt Parkway, they make a point to wave and yell “hello” to Gaylord Hospital, despite knowing that they are many miles and towns away from the institution.

They have another tradition, as well. For 313 consecutive months, or more than 26 years, Cheryl and Wayne have been donating to Gaylord Hospital in gratitude for restoring their son’s life.

In 1991, Cheryl and Wayne watched their spirited 19-year-old son Chip, a Dartmouth freshman with a 3.8 GPA, “vanish” before their eyes after surgery for a brain tumor triggered a massive stroke. In an instant, Chip was unable to walk, talk, or even read.

The Best Chance
When it came to finding “the right” rehabilitation hospital, the devastated parents’ thoughts turned away from the options near their Long Island home to Gaylord Hospital, a resource they heard of on the news as being central to the recovery of the “Central Park Jogger,” Trisha Meili.

While they had never seen Gaylord, they were convinced that it would give their son the best chance at success. Traveling to Wallingford to visit wasn’t always easy, but it was a decision Cheryl says, “couldn’t have been better” as she watched Chip steadily progress throughout his almost nine-month hospitalization.

She explained that half of his stay was spent at Traurig House, Connecticut’s only transitional living center for people with acquired brain injury. For patients like Chip, who have completed their inpatient rehabilitation yet still need to work on their physical, cognitive, or verbal skills, Traurig provides the environment and skills to transfer from hospital to home.

Preparing for the Future
As Chip continued to improve, his therapy team began to rigorously prepare the teen for his return to college. “It was just like he was back at school,” Cheryl remembered. “He practiced math, reading, and science and it culminated in him taking a class at Southern Connecticut State University. Gaylord shuttled him there and back, and he passed the course well enough to get his credits transferred to Dartmouth.”

Cheryl and Wayne proudly reported that Chip beat the odds, returned to Dartmouth, earned his master’s degree in higher education administration, and even committed his professional career to helping disabled students navigate their college educations.

Giving with Gratitude
Soon after Chip’s discharge, his grateful parents signed up to make monthly donations earmarked to benefit Traurig House. It’s a tradition they’ve continued for 313 consecutive months. “And counting,” Wayne added.

Cheryl and Wayne are members of the “Make it Possible” club, Gaylord supporters who know that spreading their donation over 12 months enables them to make a more significant impact than they ever thought possible. “It’s not an earth-changing amount,” Wayne said, “but I know that every bit adds up. We believe in Gaylord and its mission. It’s a place that will always be near and dear to us.”

Chip’s personal story will be continued in the next edition.
GRANTS HELP FUND INNOVATIVE TECHNOLOGY:

BITS® Systems

With the help of two generous grants of $28,000 each, one from the Meriden-based Cuno Foundation and the other from MSL Renewed Hope in Colorado, Gaylord recently purchased three Bioness Integrated Therapy Systems, also known as “BITS.” This high-tech system helps therapy staff to assess, challenge, and track patients’ progress by pairing a touchscreen with individualized programs.

The system is used with patients with deficits resulting from traumatic injuries and movement disorders. Patients are challenged through the use of visual motor activities, visual and auditory processing, cognitive skills, and endurance training. The 24 BITS programs are optimized for physical therapy, occupational therapy, and speech therapy.

Heidi Fagan, CLT, OTR/L, Gaylord inpatient BITS coordinator, explained that the grants funded the purchase of two 55 inch BITS screens for the hospital’s inpatient and outpatient therapy areas, and a smaller, mobile version. The mobile version is the only one of its kind in Connecticut, which allows therapy to occur at the bedside for the hospital’s sickest, non-ambulatory patients.

“The addition of three BITS units changes the way we can assess, challenge, and motivate our patients and continuously track their progress,” said Fagan.

Many of the physical, occupational, and speech therapy exercises offered on BITS can be customized to individual patients by uploading photos of loved ones, familiar objects or places. Personalized text – such as children’s or pet’s names – can be inserted into several therapy exercises to make it more client-centered, enjoyable, and motivating.

“Having technology that is both versatile and customizable will add opportunities to our multidisciplinary team approach. We can offer an even larger variety of cognitive, visual, and motor challenges to refresh the wide assortment of treatment options that Gaylord already delivers,” Fagan explained.

With the BITS Geoboard programming, patients match progressively complex line drawings on dots matrices. Exercises can be made more complex by flipping the pattern horizontally or vertically, or rotating it 90 degrees.

This program uses a sequence of colors with a moving background. It might be used when working on vision, attention and sequencing, balance, range of motion, endurance, or it can have a vestibular (balance) component.
legs. The next three months were spent at Crotched Mountain Rehabilitation Center in New Hampshire, where he began feeding himself using his left hand. But when that facility closed, Joe said, “I knew I needed to get to someplace that offered world-class rehab.”

**Critical Strides in Recovery**

Throughout Joe’s recovery, pain had been a significant problem. His sister, who lived in Connecticut, recommended Gaylord as a next step. She knew of Dr. David Rosenblum’s expertise in spinal cord injury and Gaylord’s excellent reputation in helping spinal cord patients. After Joe arrived at Gaylord, Dr. Rosenblum and his team were able to dramatically reduce Joe’s spasms and nerve pain. Having his pain under control was a tremendous relief.

During the next three months at Gaylord, Joe worked at strengthening his legs and spent a lot of time in the body weight support walker. Eventually, he took four steps on his own, pushing a walker, and then took even more steps the following day.

“Gaylord has been fantastic. Every person I’ve met here has been so passionate about what they do and invested in seeing that I get better,” he said. “Everybody from the nurses to the CNAs to the occupational therapists, physical therapists, doctors, and Kristin, my physician assistant. Every single person has been amazing!”

Joe and Michelle still do not know what happened in Mexico, but they are grateful for all of the miracles that have come their way. Instead, they focus on each day, hailing every small step of progress as a victory in their unexpected journey.
to understand that he was at Gaylord Hospital where he had been admitted just days before turning 43.

Teaching the Teacher
Sean was determined to apply his “glass-half-full” outlook to his recovery. “I thought, ‘I have a job as a professor, a husband, and a parent … and I need to get better if I want to be good at them again.”

As he worked to regain his balance and improve his speech and short-term memory, he was impressed with the quality of the staff and the care he received. “I prepare future physical therapists in their studies, so I came here with a much more critical lens than most patients,” Sean said. “My interactions with staff were uplifting. I never felt that someone was talking with me to kill time; they were genuinely interested in seeing me get better.”

Within two weeks, Sean was discharged from inpatient care to live in Traurig House, Connecticut’s only residential transitional living center for patients with a traumatic brain injury or stroke. Here he honed the skills needed to return home and continue with outpatient therapy through the hospital’s Day Treatment Program.

Throughout the spring and summer, Gaylord speech pathologist Barbara Bova, MS CCC-SLP, worked closely with Sean to help him meet his goal of returning to the classroom in time for the fall semester. “I try to make therapy as lifelike as possible,” she said. “If a patient plans to go back to their job, I’ll find ways to incorporate work-like tasks into their therapy.”

As Barbara encouraged Sean to revise his syllabi for the upcoming semester and work on fine-tuning his language and short-term memory strategies, she noticed that he would often refer to his desire to be confident in performing his job. “Whenever we talked about his skills, he’d say, ‘I used to be confident, but now not so much.’ I knew we needed to work not just on his cognitive and verbal skills, but also to build up his faith in himself.”

Therapy … a Dose of Self-Confidence
Barbara encouraged Sean to arrange and present a mini-lecture to Gaylord employees during their lunch hour. The lecture would be the capstone to his five-month journey to recovery. Barbara hoped it would also provide the shot of confidence he needed to successfully transition back into the workforce.

For weeks, Sean worked on paring down one of his existing lectures to fit the allotted time, created a corresponding visual presentation, and practiced his verbal skills. On July 19, more than two dozen employees and patients attended Sean’s lecture on the impact of exercise on the heart. Also in the audience was George Kyriacou, Gaylord president and CEO, whom Sean had personally invited.

Sean finished his lecture to thunderous applause and confidently fielded questions from the audience. His speech pathologist said that her patient’s pride was written all over his face. “He was beaming,” she said. “He rose to the challenge and was glad to know that he could succeed.”

Today, Sean is back at CCSU preparing exercise science majors and future physical therapists who will one day provide the same kind of care that brought him back to full function. He’ll integrate his own experiences into his lessons, he said, to help students understand the importance of exceptional patient care. “I placed my trust in Gaylord,” he said. “It was a great place to recover both physically and mentally.”

GIVING UPDATE: Cottages
We have secured funding from a generous donor and plan to break ground in March. Our plan is to have the cottages (four units) built and open in about six months. These new guest quarters, in addition to Crockett House, will allow more families to stay on site, whether for a weekend visit or a more extended stay. The emotional support of having a family member close by helps patients to relax and recover more quickly. More details to come.
Being tethered to a lifeline of oxygen couldn’t thwart Suzi Feldhouse’s zest for the future. Thrusting a hand weight out in front of her, she simultaneously expelled the air from her damaged lungs through pursed lips. The next step was taking a deep breath through her nose while pulling the weight back toward her torso. This rhythmic exercise was part of her inpatient pulmonary therapy at Gaylord.

Over the past six years, Suzi had found it increasingly difficult to breathe. It was terrifying when she couldn’t catch enough air while walking or doing the stairs. But today, she breathed with ease through the exercises.

Eager to document her progress and maintain motivation, Suzi asked her therapist to snap a couple of photos. “At 57 years old, I was sick and tired of being sick and tired,” she said. “No one can change things for me. I know it has to come from within, but it can be hard to sustain.”

**Idiopathic Pulmonary Fibrosis**

To say that Suzi had faced many life challenges is an understatement. But the threads of her life became tangled in her thirties, leading to problems with addiction and multiple health issues.

In 2015, she was diagnosed with idiopathic pulmonary fibrosis. The disease causes scar tissue to form in the lungs, which, over time, increasingly compromises lung function. Idiopathic means that the cause is unknown and the onset is often spontaneous.

When severe pneumonia forced a hospitalization in August of 2017, it was recommended that Suzi go to Gaylord for inpatient pulmonary therapy. “I had no idea what pulmonary therapy was,” Suzi said. “Someone referred me to a nurse who had worked at Gaylord, and she said, ‘They are going to work you and build you back up.’ I knew that’s what I needed. I wanted to be able to go home!”

At Gaylord, Suzi’s talkative and optimistic personality made it easy to engage other patients and staff. She felt an instant rapport with her hospitalist, Ramin Ahmadi, MD. “I loved him from day one,” she said.

“I had a lot of evaluations the first day. The next day, they wheeled me into the gym, and I felt like a kid in a candy store. The gym was huge and filled with people doing therapy,” she said. “Everyone had their space, and it was all very coordinated. I was amazed and asked when my next therapy was. I wanted to come back!”

Continued on page 11
Critical Emotional Support
As a patient, Suzi needed a lot of emotional support. She knew that there was no cure for her lung disease and that her lung capacity would continue to decline. The most she could hope for was to recoup her strength and use the tools from her therapy to improve her quality of life. But worries about her long-term future created anxiety and knowing that her nurses and CNAs would take the time to talk with her was a vital source of comfort.

“The emotional support here is above and beyond. No one is too busy to stop and help. I’ve needed emotional support, and I’ve been able to share a lot with my nurses and CNAs,” Suzi said. “They can tell if I am worried and help me to talk about it. I can talk to the doctors, too. It’s all about the individual patient at Gaylord. I’m special, and so is the patient down the hall.”

Fueled by the support she received, Suzi looked for opportunities to reach out to other patients. One day, she noticed a young woman sitting alone in the hall staring out the window. “She looked so sad. So, I rolled my wheelchair up and asked if she was okay. We started to converse, and she asked me if I had a brain injury, too,” Suzi said. “I told her I had a different problem. We talked, and I showed her some of my pictures. She opened up to me. It was so rewarding to encourage someone else.”

Suzi was so happy with her care that she turned to social media, posting a thank you on Gaylord’s Facebook page (see photo, page 10). She remained diligent with her therapy and was released from Gaylord several weeks later.

You can make future stories possible
By completing the simple, yet powerful act of including Gaylord in your estate plans, you will make it possible for our community of caring to continue, by helping people like Sean, Suzi, Joe, and Chip when they need it most. When you let us know of your plans, you will become a member of The David Lyman Society, a group whose members are committed to ensuring a healthy future for generations to come.

To help you with your plans, we offer sample language for the many ways you can contribute. Just visit http://gaylord.plannedgiving.org/

Or contact Major and Planned Giving Officer Mike Burke at (203) 284-2867 or MiBurke@gaylord.org with any questions. You can let us know if you are making a gift to Gaylord in your estate plan by returning the enclosed envelope.
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FRIDAY
May 18, 2018
5:30 pm - 8:30 pm
GAYLORD WINE TASTING
GAYLORD HOSPITAL
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Buy your tickets now!
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