

A family friendly event!



Saturday, June 18, 2016

Sonnenberg Gardens and Mansion

151 Charlotte Street, Canandaigua

8 a.m. - 11 a.m., RAIN OR SHINE

Registration: 8 a.m.

Group Walk (choose from a 1-mile or 2-mile route): 9 a.m.

Ceremony: 10 a.m.

**Thank you to our Presenting Sponsor
Finger Lakes Cardiology Associates**

Participation LEVELS (Circle One)	Presenting Sponsor \$3000	Platinum Sponsor \$1000	Gold Sponsor \$500	Silver Sponsor \$250	Event Participant \$35-\$249 <small>Includes donations collected from family & friends</small>	Event Donor \$10-\$34
Participant T-Shirts <small>Please indicate the quantity of sizes needed or opt out of all T-shirts</small>	20 T-Shirts __XL__L __M__S <input type="checkbox"/> Opt out	15 T-Shirts __XL__L __M__S <input type="checkbox"/> Opt out	10 T-Shirts __XL__L __M__S <input type="checkbox"/> Opt out	6 T-Shirts __XL__L __M__S <input type="checkbox"/> Opt out	1 T-Shirt <small>Available to the first 100 event participants on the morning of the Rose Walk beginning at 8 a.m.</small>	
Pre-ordered T-Shirts <small>to pick up before Walk</small>	✓	✓	✓	✓		
Table at Rose Walk	✓ <input type="checkbox"/> Opt out	✓ <input type="checkbox"/> Opt out	✓ <input type="checkbox"/> Opt out			
Large Logo <small>included on: T-Shirt, Banner, Program, Website & All Pre-event Publicity</small>	✓	✓				
Small Logo <small>included on: T-Shirt, Banner, Program, Website</small>			✓			
Name <small>included on: T-Shirt, Banner, Program, Website</small>				✓		

Deadline to receive sponsor benefits is May 17th. Email logos to foundation@thompsonhealth.org

Yes! I'd like to participate at the 2016 Rose Walk

Sponsor or Participant Name _____

Contact person _____

Street _____

City _____ State _____ Zip _____

Phone _____ Email _____

Enclosed is my donation of \$_____

Make checks payable to: F.F. Thompson Foundation

**Send form and payment to: F.F. Thompson Foundation
350 Parrish Street, Canandaigua, NY 14424**

WAIVER AND RELEASE

In consideration of this entry, I, the undersigned, intending to be legally bound, hereby, for myself, my heirs, executors, and administrators, waive and release any and all rights and claims for damages I may have against Thompson Health, sponsors and their representatives, successors and assigns for any and all injuries suffered by me in said event. I attest and verify that I am physically fit and have sufficiently trained for the competition of this event. Further, I hereby grant full permission to any and all of the foregoing to use photographs, videotapes, motion pictures, recordings, or any other record of this event for any purpose whatsoever.

Signature: _____

Date: _____

Parent/ Guardian Signature (if participant is under 18 years of age): _____

To register online or to download a Fundraising Form, visit www.thompsonhealth.com/RoseWalk

Connect with your family and friends across the country and raise \$\$ through email, Facebook and Twitter through <http://teamraiser.rochester.edu/rose-walk-2016>

For more information, call (585) 396-6253