

23rd Annual



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

**Proceeds to benefit the  
Fralick Cardiac Rehabilitation and Fitness Center**

**Saturday,  
June 8, 2019  
Sonnenberg Gardens  
& Mansion**

151 Charlotte Street, Canandaigua  
8 a.m. Registration  
9 a.m. Group Walk (Choose from a  
1-mile or 2-mile route)  
10 a.m. Ceremony  
**A family friendly event!  
RAIN OR SHINE**

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 &amp; friends</small>
<b>Participant T-Shirts</b> <small>Please indicate the quantity of sizes needed or opt out of all T-shirts</small>	<b>20 T-Shirts</b> __XL__L __M__S <input type="checkbox"/> Opt out	<b>15 T-Shirts</b> __XL__L __M__S <input type="checkbox"/> Opt out	<b>10 T-Shirts</b> __XL__L __M__S <input type="checkbox"/> Opt out	<b>5 T-Shirts</b> __XL__L __M__S <input type="checkbox"/> Opt out	<b>T-Shirt</b> <small>Available to all participants who raise/pay \$35 or more</small> __XL__L __M__S
<b>Pre-ordered T-Shirts</b> <small>to pick up before Walk</small>	✓	✓	✓	✓	
<b>Name/Logo</b> <small>included on: T-Shirt, Banner, Tee Sign, Program, Website &amp; All Pre-event Publicity</small>	✓	✓			
<b>Name/Logo</b> <small>included on: T-Shirt, Banner, Tee Sign, Program, Website</small>			✓		
<b>Name</b> <small>included on: T-Shirt, Banner, Tee Sign, Program, Website</small>				✓	
<b>Deadline to receive sponsor benefits is May 9th. Email logos to <a href="mailto:foundation@thompsonhealth.org">foundation@thompsonhealth.org</a></b>					

**Includes kid friendly activities, refreshments, local vendors, health screenings, and much more!**

*Yes! I'd like to participate in the 2019 Rose Walk*

Check all that apply:  Sponsor  Participant  Donor  Vendor

Name \_\_\_\_\_

Name for Signage/T-Shirt (if applicable) \_\_\_\_\_

Contact person \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Enclosed is \$ \_\_\_\_\_

**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](http://www.thompsonhealth.com/RoseWalk)**

*Use your mobile device to scan for more information.*

**Or call  
(585) 396-6253**