



Saturday, June 11, 2022
Sonnenberg Gardens
& Mansion State Historic Park

151 Charlotte Street, Canandaigua

8 am: Registration

- Rain or shine -

9 am: Group Walk

(choose from a 1-mile or 2-mile route or stay behind to cheer on the walkers)

10 am: Ceremony

Thank you to our presenting sponsor:
Finger Lakes Cardiology

Proceeds to benefit the Cardiac and Pulmonary
 Rehab Programs at F.F. Thompson Hospital



Participation LEVELS (Circle One)	Presenting Sponsor \$3,000	Platinum Sponsor \$1,000	Gold Sponsor \$500	Silver Sponsor \$250	Event Participant \$35-\$249 Includes donations collected from family & friends
Participant T-Shirts Please indicate the quantity of sizes needed or opt out of all T-shirts	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	5 T-Shirts ___XL___L ___M___S <input type="checkbox"/> Opt out	T-Shirt Available to all participants who raise/pay \$35 or more ___XL___L ___M___S
Pre-ordered T-Shirts to pick up before Walk	✓	✓	✓	✓	
Name/Logo included on: T-Shirt, Banner, Tee Sign, Program, Website & All Pre-event Publicity	✓	✓			
Name/Logo included on: T-Shirt, Banner, Tee Sign, Program, Website			✓		
Name included on: Banner, Tee Sign, Program, Website				✓	

Deadline to receive sponsor benefits is May 2nd. Email logos to ThompsonFoundation@URMC.rochester.edu

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

Yes! I'd like to participate in the 2022 Rose Walk

Check all that apply: Sponsor Participant Donor

Name _____

Name for Signage/T-Shirt (if applicable) _____

Contact person _____

Street _____

City _____ State _____ Zip _____

Phone _____ Email _____

Enclosed is \$ _____ A12340 TH22C

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

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

Use your mobile device to scan for more information.

Or call (585) 396-6253

If you do not wish to receive future fundraising communications from URMC, please call (800)598-1330