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PROVIDENCE, RI



RI Hospital Campus 593 Eddy Street Providence, RI 02903 Address Services Requested



The 13th Annual Tomorrow Fund

Sunday, April 26, 2015 at Garden City Center

Check-In - 8:45am Stroll- IO:OOam Festivities until Noon

About
The Tomorrow Fund



Register Today! It's as easy as 1-2-3!

- I. Register: Mail in your completed registration form, registration fee and pledges to The Tomorrow Fund by April 21, 2015. Official Tomorrow Fund Stroll T-shirts are available on a first-come, first-serve basis for all registered Individuals and Team Members with \$20 or more. You may also register on the day of the Stroll.
- 2. Raise Pledges: Sign up as many sponsors as you can your family, friends, co-workers, neighbors, etc. Collect all the pledges as you sign up sponsors. Bring all pledges with you on the day of the Stroll. Pledges or a minimum donation of \$20 per walker/family is required to participate.
- **3. Come stroll with us:** Check-In starts at 8:45 am at the Gazebo in Garden City Center. Please bring your Pledge form and Pledges. The Stroll will begin at IO:OO am. Do as many or as few laps as you wish (4 laps of Garden City Center = approx. 5K.) Refreshments, snacks and entertainment will be provided after the stroll.

*We will have tee shirts available on a first come, first serve basis

WE STROLL RAIN OR SHINE!

The Tomorrow Fund is unique.

Our programs are funded entirely by contributions from people like you!

8 out of 10 kids with cancer survive.
All 10 need your help.

Together we can build a brighter tomorrow for children with cancer.

www.tomorrowfund.org

Pledge Form

Walker Information:

Name:			
Address:			
City:	State: Zip:		
Email:	_ Tel:		
PLEASE COLLECT ALL DONATIONS FROM YOUR SPONSORS AS THEY SIGN UP. MAKE CHECKS PAYABLE TO:			
THE TOMORROW FUND			
BRING ALL DONATIONS TO THE ST	ROLL OR MAIL BEFORE APRIL 21, 2015		

Pledges or minimum donation of \$20 per walker/TTF family or Team Member required. Tomorrow Fund T-Shirts are available on a first-come, first-serve basis to registered Individuals or Team Members only.

Please make checks payable to: The Tomorrow Fund

Sponsor's Name & Address	***PLEASE PRINT**	Amount
SAMPLE: Joe Stroller, 90 Main Street, Town or City, State, Zip code		\$20
l		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
		TOTAL \$

PLEASE PRINT www.tomorrowfund.org

Why **Stroll**with The Tomorrow Fund?



The Tomorrow Fund is the *only* local non-profit organization that provides *daily* financial and emotional support to children with cancer and their families.

Enjoy! Fun, Food, Family festivities!

Prizes! Trophies will be awarded to:

- The individual raising the most money.
- The Team raising the most money.

More forms are available by calling The Tomorrow Fund: (401) 444-8811.

Registration Form 2015 Tomorrow Fund Stroll

All participants must register on the day of the Stroll or by mail before April 21st

Fill out form and start collecting pledges today! Mail form & pledges *(checks only)* to: The Tomorrow Fund, RI Hospital Campus 593 Eddy Street, Providence, RI 02903

Name.
Address:
City:
State: Zip:
☐ I wish to register as an individual.
□ We wish to register as a TTF Patient Family.
Name of TTF Patient:
TTF Families may register with one \$20 fee for
the entire family. Limit one t-shirt if available.
 I wish to register as a member of a Team.
Team Name:
(Each Team Member must fill out a registration form.)
☐ My employer has a matching gift program.
☐ I cannot walk. Enclosed is my gift of
Release & Waiver: Lintending to be legally bound under-

stand and agree that I am voluntarily participating in The Tomorrow Fund Stroll at Garden City Center at my own request and at my own risk. I acknowledge that I am aware of all the risks inherent in the event and certify that I am physically fit, have not been otherwise informed by any physician and know not of any reason or any restrictions imposed on me by own physician that would in any way prevent me from actively participating in this event. I herby fully release, remise, discharge and hold harmless The Tomorrow Fund, Garden City Center, Gateway Woodside, Inc. and their affiliates, officers, trustees, agents, representatives, successors and assigns together with every sponsor, organizer, and/or associated entity, individual or organization, whether individually or collectively, of and from any and all liability, claims, debts, obligations, promises, demands, suits, damages or causes of action for any reason whatsoever, whether known or unknown, foreseen or unforeseen, including without limitation, any bodily injury, property damage or any other loss, damages, injuries, costs or inconvenience whatsoever suffered by me at any time hereafter occurring as a result ot my voluntary participation in this event. I recognize that road walking and/or running is potentially dangerous activity and that injuries may result from numerous risks, including but not limited to, weather, road conditions, collisions with vehicles, bikes, or other participants, and medical problems. I assume such risks for all participants listed on this form and I represent that I / we are physically fit and have sufficiently prepared and/or trained for the event. As part of my / our waiver, I acknowledge that I have read and understood all of the above and grant permission to The Tomorrow Fund to use my / our names and photographs, motion pictures, videotapes, recordings or any other recordings of this event for any purpose whatsoever.

Signature of Participant (Required)

(Must be signed by Parent/Guardian for walkers under 18)