

The TOMORROW FUND  
FOR CHILDREN WITH CANCER  
21st Annual  
STROLL



**MARK YOUR CALENDAR**  
SUNDAY, APRIL 28, 2024

**Location:** Garden City Center  
100 Midway Road, Cranston, RI

**8:00 AM** Check-In begins

**8:30 AM** Line-up begins

**9:00 AM** Stroll kick off

**RAIN OR SHINE!**



**JOIN IN THE FUN AS WE STROLL N' ROLL**  
on Sunday, April 28<sup>th</sup> at Garden City Center

Enjoy a fun morning while Strolling N' Rolling all to benefit Tomorrow Fund patients and their families! Kids, parents, grandparents, family and friends are welcome! Once again we will be offering two options to participate in this year's Stroll.

**Option 1:** Allows you to physically Stroll as a Team or as an Individual Stroller.

**Option 2:** Allows you to drive along the Stroll route with your Team or as an Individual with the option to decorate your vehicle.

Together, let's make this our **BIGGEST STROLL** yet! If you can't make it to the Stroll on April 28<sup>th</sup> please consider making a tax-deductible donation to The Tomorrow Fund at [www.tomorrowfund.org](http://www.tomorrowfund.org).

**PROCEEDS BENEFIT TOMORROW FUND PATIENTS AND THEIR FAMILIES.**

**UPDATES OR CHANGES REGARDING THE EVENT WILL BE POSTED ON OUR WEBSITE.**





### EARLY BIRD REGISTRATION

(Online Only)  
**Now through April 1<sup>st</sup> at noon**

### SPECIAL OFFER:

An official Stroll T-Shirt and a chance to win the **GRAND PRIZE** (2) JetBlue Tickets

### TROPHIES AWARDED TO TOP FUNDRAISING CATEGORIES



**Individual (Non-Team)**  
 Highest donations collected



**Team**  
 Highest donations collected



**School (Grades Pre-K-12)**  
 Highest donations collected



**College/University**  
 Highest donations collected

Fundraising for this event will not only put you in the running for a Trophy, but will truly make a difference in the lives of our Tomorrow Fund Families.



## REGISTRATION

Registration can be completed **online at [www.tomorrowfund.org](http://www.tomorrowfund.org)** or complete the attached form on page 3. Next, mail or deliver to The Tomorrow Fund Office located on the RI Hospital Campus in the Physicians Office Building, Suite 422 at 110 Lockwood Street, Providence, RI 02903.

An official Tomorrow Fund Stroll T-Shirt will be reserved for you provided you register online by **April 1<sup>st</sup>**. This also guarantees you an entry for the **GRAND PRIZE** drawing of (2) round-trip JetBlue airline tickets.

Registrations received via mail or online between **April 2<sup>nd</sup> - April 25<sup>th</sup>** will receive an official Tomorrow Fund Stroll T-Shirt **while supplies last**.

**ONLINE REGISTRATION ENDS APRIL 25<sup>th</sup>**

## WALK-IN REGISTRATION

Walk-in registration will be available the day of the event.

## REGISTRATION FEES

	<b>*Early Bird Registration (Online Only)</b> <i>(Now through April 1<sup>st</sup> at noon)</i>	<b>Registration</b> <i>(April 2<sup>nd</sup> - 25<sup>th</sup>)</i>	<b>Walk-In Registration</b> <i>(April 28<sup>th</sup>)</i>
<b>Team Stroller/Roller</b>	<b>\$25 per person</b>	<b>\$30 per person</b>	<b>\$30 per person</b>
<b>Individual Stroller/Roller (Non-Team)</b>	<b>\$25 per person</b>	<b>\$30 per person</b>	<b>\$30 per person</b>
<b>Tomorrow Fund Family Teams</b>	<b>\$25 Tomorrow Fund Family</b> <i>(TTF Family includes patient &amp; immediate household members. All other team members or individuals will follow normal registration fees listed above.)</i>		
<b>Tomorrow Fund Family (Non-Team)</b>			

*(See top of page 3 for more details)* \*Registration must be received online by April 1<sup>st</sup> at noon to be eligible for the Early Bird rate.

**NO CHARGE FOR CHILDREN 10 YEARS AND UNDER!**

**VISIT [WWW.TOMORROWFUND.ORG](http://WWW.TOMORROWFUND.ORG) TO REGISTER ONLINE OR DOWNLOAD A STROLL FORM**

**RELEASE & WAIVER:** I, intending to be legally bound, understand 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 my own physician that would in any way prevent me from actively participating in this event. I hereby fully release, remise, discharge and hold harmless The Tomorrow Fund, Garden City Center, Garden City Owner, LLC, 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 of my voluntary participation in this event. I recognize that road walking and/or running is a 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.

# 2024 REGISTRATION STROLL FORM DETAILS (CHECK ONE OF THE FOLLOWING)

<input type="checkbox"/> <b>TEAM MEMBER</b> You are a member of a Stroll or Roll Team that requires a Team Name. <i>(List Team Name and Team Members below. All donations can be listed on the reverse side.)</i>	<input type="checkbox"/> <b>INDIVIDUAL</b> You are NOT a member of a Team and therefore have NO Team Name. <i>(List all individual Strollers/Rollers and donations on the reverse side.)</i>	<input type="checkbox"/> <b>TTF FAMILY TEAM</b> You are a TTF Family and you are part of a Stroll or Roll Team that requires a Team Name. <i>(List your Team Name and all Team Members below. All donations can be listed on the reverse side.)</i>	<input type="checkbox"/> <b>TTF FAMILY NON-TEAM</b> You are a TTF Family and are NOT Strolling or Rolling as a Team, and therefore have NO Team Name. <i>(List TTF Family Members and donations on the reverse side.)</i>
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*(CHECK ONE OF THE FOLLOWING)*  **STROLLING**     **ROLLING**

**I AM NOT STROLLING OR ROLLING, ENCLOSED IS MY GIFT OF \$** \_\_\_\_\_

**To be guaranteed an official Stroll T-Shirt and a chance to win the Grand Prize, online registration must be received by Sunday, April 1st.  
 ALL FUNDRAISING DONATIONS MUST BE RECEIVED BY SUNDAY, APRIL 28<sup>th</sup>**

**\*\*\*PLEASE PRINT CLEARLY\*\*\***

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TEL. \_\_\_\_\_ EMAIL \_\_\_\_\_

**MY EMPLOYER HAS A MATCHING GIFT PROGRAM.** My Company's Name is \_\_\_\_\_

**TEAM NAME** *(if applicable)* \_\_\_\_\_

**LIST TEAM MEMBERS HERE** *(See back page to list individuals or donations only)*

NAME	EMAIL	AMOUNT
_____	_____	_____
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**RELEASE WAIVER DISCLOSURE** *(Located at the bottom of page 2)* **TOTAL** \_\_\_\_\_  
 By signing below, you agree that you have read and agree to the terms and conditions and that you understand the disclosure and you agree to be bound by these terms.

**SIGNATURE:** \_\_\_\_\_



RI Hospital Campus  
Physicians Office Building, Suite 422  
110 Lockwood Street  
Providence, RI 02903  
(401) 444-8811

NONPROFIT ORG.  
U.S. POSTAGE  
PAID  
PROVIDENCE, RI  
PERMIT NO. 217

**RETURN SERVICE REQUESTED**

A diagnosis of childhood cancer changes everything, not only for the child but the entire family. Behind every kid with cancer is a family that needs help. That is the sole reason The Tomorrow Fund exists and has helped families for over 38 years.

**QUESTIONS?**  
Call us at (401) 444-8811

**OFFICE HOURS:**  
Monday - Friday  
8:30 AM - 4:30 PM

**LIST INDIVIDUAL STROLLERS/ROLLERS HERE**

NAME	EMAIL	AMOUNT

**DONATIONS ONLY**

NAME		TOTAL
		AMOUNT
		<b>TOTAL</b>