

MARK YOUR CALENDAR

SUNDAY, APRIL 6, 2025

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

7:30 AM Walk-In Reg. Begins

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 6th 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 6th please consider making a tax-deductible donation to The Tomorrow Fund at **www.tomorrowfund.org**.

PROCEEDS BENEFIT TOMORROW FUND PATIENTS AND THEIR FAMILIES.

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





TROPHIES AWARDED TO TOP FUNDRAISING CATEGORIES

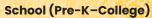


Individual (Non-Team)

Highest donations collected



Highest donations collected



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** 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 **Friday, March 14th at noon**. This also guarantees you an entry for the **GRAND PRIZE** drawing of Beats Studio Pro Bluetooth Headphones.

Registrations received via mail or online between **March 15th - April 3rd** will receive an official Tomorrow Fund Stroll T-Shirt **while supplies last.**

ONLINE REGISTRATION ENDS THURSDAY, APRIL 3rd at 4:30 pm

WALK-IN REGISTRATION

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

REGISTRATION FEES

	*Early Bird Registration (Online Only) *(Now through March 14th at noon)	Registration (March 15 th - April 3 rd)	Walk-In Registration (April 6 th)			
Team Stroller/Roller	\$25 per person	\$30 per person	\$30 per person			
Individual Stroller/ Roller (Non-Team)	\$25 per person	\$30 per person	\$30 per person			
Tomorrow Fund Family Teams	\$25 Tomorrow Fund Family (TTF Family includes patient & immediate household					
Tomorrow Fund Family (Non-Team)	members.' All other team members or individuals will follow normal registration fees listed above.)					

(See top of page 3 for more details) *Registration must be received online by Friday, March 14th at noon to be eligible for the Early Bird rate.

NO CHARGE FOR CHILDREN 10 YEARS AND UNDER!



REGISTER ◀ NOW!





VISIT 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 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.

2025 REGISTRATION STROLL FORM DETAILS (CHECK ONE OF THE FOLLOWING)

TEAM MEMBER You are a member of a Stroll or Roll Team that requires a Team Name. (List Team Name and Team Members below. All donations can be listed on the reverse side.)	You are NOT a member of a Team and therefore have NO Team Name. (List all individual Strollers/Rollers and donations on the reverse side.)	TTF FAMILY TEAM You are a TTF Family and you are part of a Stroll or Roll Team that requires a Team Name. (List your Team Name and all Team Members below. All donations can be listed on the reverse side.) STROLLING ROLLING	TTF FAMILY NON-TEAM You are a TTF Family and are NOT Strolling or Rolling as a Team, and therefore have NO Team Name. (List TTF Family Members and donations on the reverse side.)
·	OR ROLLING, ENCLOSED I	<u> </u>	.
	AISING DONATIONS MUS	and Prize, online registration must be r T BE RECEIVED BY SUNDA NT CLEARLY***	
ADDRESS			
CITY		STATE	ZIP
TEL.		EMAIL	
TEAM NAME (if applicable) LIST TEAM MEMBERS HERE (S NAME			AMOUNT
RELEASE WAIVER DISCLOSURE (Located By signing below, you agree that you have		o and that you wad anatom disk a disk a	TOTAL

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 40 years.

QUESTIONS?

Call us at (401) 444-8811

OFFICE HOURS:

Monday - Friday 8:30 AM - 4:30 PM

AMOUNT	
	-
	TOTAL

TOTAL _