

HUNTER REGISTRATION

March 14 and 15, 2025



Proceeds from this event will continue the work of the former P.C.U.P.S Foundation, in bringing prostate cancer awareness, and prevention to our communities. For more information, call Brooke at 989.635.4011 or visit www.aspirerhs.org/foundation.

ROOSTER RANCH, LLC | 7480 GERMANIA ROAD, UBLY, MI 48475 | 8AM - 4PM

PRICING:

- \$315 per hunter per day
- \$275 per youth hunter per day (17 years or younger)

DON'T FORGET TO:

- Wear hunter orange and protective eye wear
- Bring your own ammunition (high brass #6 shot recommended) or ammunition is available for purchase.

INCLUDES:

- Full breakfast
- Clay target shoot
- European pheasant hunt
- 8 pheasant per person release
- Dogs and tip for handlers
- Catered lunch
- Walk-up hunt
- All harvested birds cleaned

REGISTRATION DEADLINE: MARCH 1, 2025

No refunds after deadline. Cancellations may be received up to two weeks prior to event date. Restrictions may apply. Questions? Call Brooke at 989.635.4011.

HUNTER #1, CAPTAIN Adult Youth (age___)

Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home/Cell Phone: _____

Email Address: _____

Please designate day(s): Friday, 3/14 Saturday, 3/15

I will be bringing my own dog(s). Check box if applicable.

HUNTER #2 Adult Youth (age___)

Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home/Cell Phone: _____

Email Address: _____

Please designate day(s): Friday, 3/14 Saturday, 3/15

I will be bringing my own dog(s). Check box if applicable.

If hunting as a group, please list the name of the Captain: _____

PAYMENT INFORMATION

- Hunter(s) Adult- \$315 each Adult Hunt & Hut Sponsor- \$400
- Hunter(s) Youth- \$275 each Adult/Youth Hunt & Hut Sponsor- \$675
- Included in sponsorship
- Amount enclosed: \$ _____

Sorry, I cannot attend, but I would like to make a donation: \$ _____

My check payable to Aspire Rural Health System Foundation is enclosed.

Mail to: Aspire Rural Health System Foundation

Attn: Brooke Mallory

4675 Hill St., Cass City, MI 48726

Or scan/email to: bmallory@aspirerhs.org

Please charge my credit card in the amount of \$ _____

Personal credit card (or)

Business credit card

Visa

Mastercard

Discover

American Express

Card Number: _____ Zip Code: _____

Expiration Date: _____ V-Code: _____

Signature: _____

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HUNTER #3

Adult Youth (age___)

Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home/Cell Phone: _____

Email Address: _____

Please designate day(s): Friday, 3/14 Saturday, 3/15

I will be bringing my own dog(s). Check box if applicable.

HUNTER #4

Adult Youth (age___)

Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home/Cell Phone: _____

Email Address: _____

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4675 Hill St., Cass City, MI 48726
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- Please charge my credit card in the amount of \$ _____
 - Personal credit card (or)
 - Business credit card
 - Visa
 - Mastercard
 - Discover
 - American Express

Card Number: _____ Zip Code: _____

Expiration Date: _____ V-Code: _____

Signature: _____