

SPONSORSHIP OPPORTUNITIES

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

RESEARCH SPONSOR HEALTH FAIR SPONSOR BREAKFAST & LUNCH SPONSOR REGISTRATION SPONSOR TABLE SPONSOR HUT SPONSOR

Package Inclusions:	\$5,000	\$3,000	\$1,000	\$500	\$250	\$125
Recognized as the Event Sponsor (banner at main lodge)	X					
Recognized as the Wobble Trap Sponsor	X	X				
Receive free hunts	8	4	2			
Recognized during breakfast and lunch	X	X	X			
Recognized at Check-In/Registration Table	X	X	X	X		
Recognized at tables during breakfast and lunch	X	X	X	X	X	
Recognized on all the event materials and social media	X	X	X	X	X	X
Recognized on sponsorship sign as a Hunting Hut sponsor	X	X	X	X	X	X
Company name listed in event program and post event mailing	X	X	X	X	X	X

RAFFLE ITEM SPONSOR - Sorry, I cannot sponsor this year, but please accept my raffle item. Items may be used for bucket raffle, silent auction, and/or live auction. Raffle items subject to committee approval.

If your sponsorship includes a free hunt, please fill out the hunter registration form. Include additional copies of this form as needed.

Please identify exactly how you would like your company name to appear for recognition purposes. Sponsorship deadline is March 1, 2025. Payment is non-refundable. Restrictions may apply.

CHECK ONE:

- Research Sponsor - \$5,000
 Breakfast & Lunch Sponsor - \$1,000
 Table Sponsor - \$250
 Health Fair Sponsor - \$3,000
 Registration Sponsor - \$500
 Hut Sponsor - \$125

Company Name: _____

Contact Name/Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

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: _____

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

Please bill me.

Mail to: Aspire Rural Health System Foundation, Attn: Brooke Mallory | 4675 Hill St., Cass City, MI 48726 | Or scan/email to: bmallory@aspirerhs.org

Aspire Rural Health System Foundation is a non-profit 501 (c)(3) organization. EIN # 35-2368240

HUNTER REGISTRATION

March 14 and 15, 2025



HUNTING

for

HEALTH



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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.

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

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.

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: _____