



2025 Annual Golf Outing

Huron Shores • Rolling Hills • Ugly Heights • Verona Hills

Friday September 5, 2025

Corporate/Individual Sponsorship

Sponsor Opportunities:

Commitment deadline is August 20, 2025

Event Sponsor - \$5,000

Name/logo on welcome banner. Recognition during award ceremony. Opportunity to distribute promotional items to golf participants. Recognition on sponsorship sign, hole sponsor, and recognition on social media. 4-person golf team and meals included.

Par 3 Sponsor - \$3,000

Recognition on sponsorship sign, hole sponsor, and recognition on social media. 4-person golf team and meals included.

Dinner Sponsor - \$2,000

Recognition on banner and signage inside the clubhouse, hole sponsor and recognition on social media.

Lunch Sponsor - \$1,500

Recognition on signage at lunch stations. Hole sponsor and recognition on social media.

Beverage Sponsor - \$1,250

Recognition decal on beverage cart. Distribution of koozies (if supplied by sponsor). Hole sponsor and recognition on social media.

Oasis Sponsor - \$1,000

Opportunity to be present on the course offering player giveaways, snacks, or a game with a chance to win prizes. Signage at hole. Recognition on social media. Course selection required.

Contest Sponsor - \$500

Sponsor name and logo placed at contest site. Recognition on social media. Course selection required.

Hole Sponsor - \$300

Sign with company name on one of 18 holes. Recognition on social media. Course selection required.

In-Kind Donation - \$___ value

Prizes for event contests/games, silent auction items, and/or promotional items. Examples: gift certificates/cards, large and small prize items, gift baskets, golf tees/balls/towels, ink pens, etc.

General Donation - \$ _____

Course Selection for Oasis, Contest, and Hole Sponsorships:

Huron Shores, Port Sanilac (18 holes)

Rolling Hills, Cass City (9 holes)

Ugly Heights, Ugly (18 holes)

Verona Hills, Bad Axe (18 holes)

**All sponsorship levels include recognition on Aspire Rural Health System Foundation website. Sponsorships received are considered donations to our fundraiser and are NON-REFUNDABLE. *Please fill out the golf registration on the reverse side if your sponsorship includes a golf team.*

Payment Information:

Company Name: _____

Contact Name/Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email Address: _____

- My check payable to Aspire Rural Health System Foundation is enclosed.
- Please send me an invoice.

Please identify exactly how your company name should appear for recognition purposes.



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

Card Holder Name: _____

Card Number: _____

Expiration Date: _____ V-Code: _____

Signature: _____

Mail to Aspire Rural Health System Foundation, 4675 Hill Street, Cass City, MI 48726

Call Stephanie 989-912-6275 slangenburg@aspirerhs.org or Brooke 989-635-4011 bmallory@aspirerhs.org with questions.



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Friday September 5, 2025

Team Registration

Registration 8am • Shotgun Start: 9:30am
Register Early! Spots are Limited!

Your Day Includes:

- Golfing and cart on day of event • Coffee and donuts in the morning
- Lunch at the turn • Games on course • Gourmet meal and awards
- Prizes for division winners • Silent and live auction items!

Proceeds from this golf outing benefit current projects at each of the Aspire Rural Health System locations.

Choose Your Course!

- Huron Shores, Port Sanilac (18 holes, \$500)
- Rolling Hills, Cass City (9 holes, \$300)
- Uby Heights, Uby (18 holes, \$500)
- Verona Hills, Bad Axe (18 holes, \$500)

Division

- Men
- Women
- Mixed (men/women)

Pricing:

\$500/team - 18 holes
\$300/team - 9 holes

Team/Player Information:

***NOTE: Team payments received are considered donations to our fundraiser and are NON-REFUNDABLE!**

TEAM CAPTAIN - PLAYER #1

PLAYER #3

Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Email: _____

Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Email: _____

PLAYER #2

PLAYER #4

Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Email: _____

Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Email: _____

Payment Information:

***NOTE: Payment is required to reserve your spot.**

- \$500 18 holes
- \$300 9 holes
- My check payable to Aspire Rural Health System Foundation is enclosed.



Please charge my card in the amount of \$ _____
 Card Holder Name: _____
 Card Number: _____
 Expiration Date: _____ V-Code: _____

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Call Stephanie 989-912-6275 slangenburg@aspirerhs.org or Brooke 989-635-4011 bmallory@aspirerhs.org with questions or player changes.