

HUNTING FOR HEALTH

March 20 and 21, 2026



HUNTING *For* HEALTH



Proceeds from this event support the PCUPS Program at Aspire. Promoting prostate cancer awareness, prevention, and assistance with early detection is our goal! For more information, visit www.aspirerhs.org/foundation.

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

INCLUDES:

- Full Breakfast
- Clay Target Shoot
- European Pheasant Hunt
- 8 Pheasant Per Person Release
- Dogs and Handlers
- Catered Lunch
- Walk-Up Hunt
- All Harvested Birds are Cleaned



PRICING:

- \$350 Per Adult
- \$300 Per Youth (17 and under)
- Combo Pricing Available!

DON'T FORGET TO:

- Wear hunter orange and protective eyewear
- Bring your own ammunition (High brass #6 shot recommended. Ammunition available for purchase onsite.)
- Tip Your Handler!



LEARN MORE

Learn More about Aspire Rural Health System's P.C.U.P.S. program by scanning the QR code or visiting aspirerhs.org/foundation/PCUPS-2.



Free Onsite PSA Testing

Aspire Rural Health System is offering free Prostate-Specific Antigen (PSA) screening onsite during both mornings for our registered hunters! Trust in the care and professionalism of our laboratory staff - brought directly to you!

This is what we are here for! Raising funds and awareness to help with prevention through early detection, utilizing our PCUPS Program!

- ✓ Quick registration
- ✓ Simple blood draw
-and off to your hunt!

(Test results will be mailed to you)

☐ Please email me a PSA pre-registration form at:

HUNTER REGISTRATION

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REGISTRATION DEADLINE: MARCH 1, 2026

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.

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

HUNTER #1

☐ Adult ☐ Youth (age____)

Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home/Cell Phone: _____

Email Address: _____

Please Designate Day: ☐ Friday, 3/20 ☐ Saturday, 3/21

☐ I will be joining the walk-up hunt after lunch.

☐ I will be bringing my own dog(s).

HUNTER #3

☐ Adult ☐ Youth (age____)

Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home/Cell Phone: _____

Email Address: _____

Please Designate Day: ☐ Friday, 3/20 ☐ Saturday, 3/21

☐ I will be joining the walk-up hunt after lunch.

☐ I will be bringing my own dog(s).

HUNTER #2

☐ Adult ☐ Youth (age____)

Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home/Cell Phone: _____

Email Address: _____

Please Designate Day: ☐ Friday, 3/20 ☐ Saturday, 3/21

☐ I will be joining the walk-up hunt after lunch.

☐ I will be bringing my own dog(s).

HUNTER #4

☐ Adult ☐ Youth (age____)

Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home/Cell Phone: _____

Email Address: _____

Please Designate Day: ☐ Friday, 3/20 ☐ Saturday, 3/21

☐ I will be joining the walk-up hunt after lunch.

☐ I will be bringing my own dog(s).

PAYMENT INFORMATION

- ☐ Adult Hunter - \$350
- ☐ Youth Hunter - \$300
- ☐ Adult Hunt & Hut Sponsor - \$450
- ☐ Adult/Youth Hunt & Hut Sponsor - \$700
- ☐ ____ Hunts are Included with My Sponsorship
- ☐ 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: brooke.mallory@aspirerhs.org

TOTAL

REGISTER
ONLINE!

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

Card Number: _____ Zip Code: _____

Expiration Date: _____ V-Code: _____

Signature: _____

