

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

March 20 and 21, 2026



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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).

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: _____