

# SPONSORSHIP OPPORTUNITIES

March 20 and 21, 2026

Proceeds from this event support the PCUPS Program at Aspire. Promoting prostate cancer awareness, prevention, and help with early detection is our goal! For more information, call Brooke at 989.635.4011 or visit [www.aspirerhs.org/foundation](http://www.aspirerhs.org/foundation).



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

EVENT SPONSOR	WOBBLE TRAP SPONSOR	BREAKFAST & LUNCH SPONSOR	REGISTRATION SPONSOR	TABLE SPONSOR	HUT SPONSOR
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Package Inclusions	\$5,000	\$3,000	\$1,000	\$750	\$500	\$125
Recognized as the Event Sponsor (banner at main lodge)	X					
Receive Free Hunts	8	4	2			
Recognition During Breakfast and Lunch	X	X	X	X		
Recognition at Check-In / Registration Table	X	X	X	X	X	
Recognition on Tables	X	X	X	X	X	X
Recognition on all Event Material and Personalized Social Media Thank You	X	X	X	X	X	X
Signage on Hunting Huts with Name / Logo	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 or deck of cards raffle, \$50 minimum value.

If your sponsorship includes a free hunt, please fill out the hunter registration form on reverse. 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, 2026. Payment is non-refundable. Restrictions may apply.

## CHECK ONE:

- Event Sponsor - \$5,000
- Wobble Trap Sponsor - \$3,000
- Breakfast & Lunch Sponsor - \$1,000

- Registration Sponsor - \$750
- Table Sponsor - \$500
- Hut Sponsor - \$125

**SPONSOR OR  
REGISTER  
ONLINE!**



**SCAN HERE**

Company Name \_\_\_\_\_

Contact Name \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Check payable to Aspire Rural Health System Foundation is enclosed.

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

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ V-Code: \_\_\_\_\_ Zip: \_\_\_\_\_

Signature: \_\_\_\_\_

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](mailto:brooke.mallory@aspirerhs.org)