

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.



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
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:

- | | |
|--------------------------------------------------------------|-------------------------------------------------------|
| <input type="checkbox"/> Event Sponsor - \$5,000 | <input type="checkbox"/> Registration Sponsor - \$750 |
| <input type="checkbox"/> Wobble Trap Sponsor - \$3,000 | <input type="checkbox"/> Table Sponsor - \$500 |
| <input type="checkbox"/> Breakfast & Lunch Sponsor - \$1,000 | <input type="checkbox"/> 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