

SPONSORSHIP OPPORTUNITIES

March 19 and 20, 2021

Proceeds from this event will support the P.C.U.P.S. Foundation.
For more information, call 810.705.3181 or visit www.pcups.org



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

RESEARCH SPONSOR HEALTH FAIR SPONSOR BREAKFAST & LUNCH SPONSOR REGISTRATION SPONSOR TABLE SPONSOR HUT SPONSOR

Package Inclusions:	\$5,000	\$3,000	\$1,000	\$500	\$250	\$125
Recognized as the Event Sponsor (banner at main lodge)	X					
Recognized as the Wobble Trap Sponsor	X	X				
Receive free hunts	8	4	2			
Recognized during breakfast and lunch	X	X	X			
Recognized at Check-In/Registration Table	X	X	X	X		
Recognized at tables during breakfast and lunch	X	X	X	X	X	
Recognized on all the event materials and social media	X	X	X	X	X	X
Recognized on sponsorship sign as a Hunting Hut sponsor	X	X	X	X	X	X
Company name listed in event program and post event mailing	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, silent auction, and/or live auction. Raffle items subject to committee approval.

If your sponsorship includes a free hunt, please fill out the hunter registration form.

Please identify exactly how you would like your company name to appear for recognition purposes.
Sponsorship deadline is February 21, 2021. Payment is non-refundable. Restrictions may apply.

CHECK ONE:

- Research Sponsor - \$5,000 Breakfast & Lunch Sponsor - \$1,000 Table Sponsor - \$250
 Health Fair Sponsor - \$3,000 Registration Sponsor - \$500 Hut Sponsor - \$125

Company Name: _____

Contact Name/Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

- My check payable to the P.C.U.P.S. Foundation is enclosed.
 Please bill me.

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

Cover cc processing fee as a donation

Personal credit card (or)

Business credit card

Visa

Mastercard

Discover

American Express

Card Number: _____ Zip Code: _____

Expiration Date: _____ V-Code: _____

Signature: _____

Mail to: P.C.U.P.S. Foundation | P.O. Box 1293, Mt. Pleasant, MI 48858 | Or scan/email to: huntingforhealth@pcups.org

HUNTER REGISTRATION

March 19 and 20, 2021



HUNTING
for
HEALTH®



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PRICING:

- \$275 per hunter per day
- \$230 per youth hunter per day (17 years or younger)

DON'T FORGET TO:

- Wear hunter orange and protective eyewear
- Bring your own ammunition (high brass #6 shot recommended) or ammunition is available for purchase.

INCLUDES:

- Full breakfast
- Clay target shoot
- European pheasant hunt
- 8 pheasant per person release
- Dogs and tip for handlers
- Catered lunch
- Walk-up hunt
- All harvested birds cleaned

REGISTRATION DEADLINE: FEBRUARY 21, 2021

No refunds after deadline. Cancellations may be received up to two weeks prior to event date. Restrictions may apply. Questions? Call 810.705.3181.

HUNTER #1, CAPTAIN Adult Youth (age___)

Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home/Cell Phone: _____

Email Address: _____

Please designate day(s): Friday, 3/19 Saturday, 3/20

I will be bringing my own dog(s). Check box if applicable.

HUNTER #2 Adult Youth (age___)

Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home/Cell Phone: _____

Email Address: _____

Please designate day(s): Friday, 3/19 Saturday, 3/20

I will be bringing my own dog(s). Check box if applicable.

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

PAYMENT INFORMATION

- Hunter(s) Adult- \$275 each Adult Hunt & Hut Sponsor- \$350
- Hunter(s) Youth- \$230 each Adult/Youth Hunt & Hut Sponsor- \$575
- Included in sponsorship
- Amount enclosed: \$ _____
- Sorry, I cannot attend, but I would like to make a donation: \$ _____
- My check payable to the P.C.U.P.S. Foundation is enclosed.

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

- Cover cc processing fee as a donation
- Personal credit card (or)
- Business credit card
 - Visa
 - Mastercard
 - Discover
 - American Express

Card Number: _____ Zip Code: _____

Expiration Date: _____ V-Code: _____

Signature: _____

Mail to: P.C.U.P.S. Foundation

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