IT'S A BEAUTIFUL DAY TO MAKE A WISH!

10TH ANNUAL SCREAMIN' SCRAMBLE CHARITY GOLF

PRO GOLFER & PRO GOPHER'S WELCOME!

ONE DAY ONLY!
SUNDAY AUGUST 1ST 2027

$125 PER PLAYER
$500 PER TEAM

with SCREAMIN' SCOTT RANDALL
DETROIT'S FAVORITE MORNING SHOW HOST!

The Rainbow Connection
kids • wishes • hope
PROCEEDS BENEFIT

- ✓ 4-MAN SCRAMBLE
- ✓ PRIZE RAFFLES
- ✓ 50/50 RAFFLE
- ✓ SCRATCH-OFF TICKET MYSTERY PRIZES
- ✓ COOLER OF CHEER!

94.7 WCSX CLASSIC ROCK

PRIZE 1ST, 2ND & 3RD PLACE TEAMS, LONGEST DRIVE & CLOSEST TO THE PIN

GAMES: SKINS, VEGAS HOLE, MULLIGANS, LOB A GRENADE, GOLF CANNON DRONE DROP, GOLFZILLA, SHENANIGANS & MORE!

Just when you think you have it all under control...
THE GOPHER HITS!

REGISTRATION: 8:30 AM
SHOTGUN START: 9:15 AM

PRESENTED BY MOTOR CAFE CHESTERFIELD

★ SCREAMINSCRAMBLE.COM ★

BEE TEE Golf Club
22871 21 MILE RD
MACOMB, MI 48044

10TH ANNUAL

SCREAMIN' SCRAMBLE

CHARITY GOLF OUTING | PLAYER REGISTRATION

EVENT DATE	REGISTRATION	SHOTGUN START	BENEFITING
Sunday, August 1, 2027	8:30 AM	9:15 AM	The Rainbow Connection

Golf Course: BEE TEE GOLF CLUB **Address:** 22871 21 Mile Rd., Macomb, MI 48044

1 | REGISTRATION SELECTION

☐ INDIVIDUAL GOLFER	☐ FOURSOME	REGISTRATION DEADLINE
$125 per golfer	$500 per team	July 12th, 2027

2 | TEAM CAPTAIN / PRIMARY CONTACT

Team Captain: _____ **Phone:** _____ **Email:** _____

Mailing Address: _____ **City:** _____ **State:** _____ **Zip:** _____

3 | PLAYER ROSTER

#	PLAYER NAME	#	PLAYER NAME
1		3	
2		4	

4 | PAYMENT METHOD

☐ VENMO	☐ CASH APP	☐ CREDIT CARD	☐ CHECK
@Mike-Scott-5150	$criticalmike313	Mike Mitchell will contact you	Payable to Motor Cafe

Amount Enclosed / Authorized: $_____ **Text (586) 933-3503 to verify payment received.**

Check memo: Screamin' Scramble | **Mail to:** Motor Cafe - Attn: Mike Mitchell, 33151 23 Mile Road, Chesterfield, MI 48047

5 | PLAYER REQUESTS + AGREEMENT

Pairing or special requests: _____

By signing below, the registrant confirms the information provided is accurate and agrees that the event may use participant names and approved event photos for outing-related promotional purposes.

Authorized Signature: _____ **Date:** _____

RETURN COMPLETED FORM TO

Margie Elzerman | margie@inrhodes.com | (586) 291-8392

LET'S MAKE WISHES COME TRUE!