

16th ANNUAL GOLF SCRAMBLE



*Saturday, June 6th, 2026
8:00 a.m. Shotgun Start*

The Orchards Golf Course
1499 Golf Course Drive, Belleville, IL

Golf Tournament Information:

- \$500/Foursome (Preferred) or \$125/Individual Entry
 - Entry Fee Includes: Green Fees, On-course Meal, Post-Tournament Meal, 3 Beverage Tickets, and Golfer Gift
- Registration Opens at 6:45 a.m.
- A, B, and C Flight Winners Awarded

SPONSORSHIP OPPORTUNITIES:

PLATINUM - \$5,000 Includes Entry of 3 Teams; Polos for Each Golfer; 2 Cart Signs; Hole Sign; Social Media Appreciation Post; Name on Appreciation Flyer; Unlimited Beverages

GOLD - \$2,500 Includes Entry of 2 Teams; Polos for Each Golfer; Cart Sign; Hole Sign; Social Media Appreciation Post; Name on Appreciation Flyer; Unlimited Beverages

SILVER - \$1,000 Includes Entry of 1 Team; Polos for Each Golfer; Hole Sign; Name on Appreciation Flyer; Unlimited Beverages

HOLE - \$250 Includes Hole Sign with Name/Company Info or Message and Name on Appreciation Flyer

CART - \$100 Includes Cart Sign with Name/Company Info or Message and Name on Appreciation Flyer

IF THE EVENT IS CANCELLED DUE TO INCLEMENT WEATHER OR RESTRICTIONS, YOUR SPONSORSHIP AND/OR REGISTRATION FEE WILL BE CONSIDERED A DONATION TO THE CORY WILSON SCHOLARSHIP ASSOCIATION AND YOU WILL BE GIVEN A RAIN CHECK FOR A ROUND OF GOLF AT THE ORCHARDS GOLF COURSE.

For More Information: www.TCWSA.org or Call/Text (618) 444-5289

PAID ENTRY DEADLINE: MAY 25TH, 2026 (GOLFER GIFT GUARANTEED)

REGISTRATION CONFIRMATION PROVIDED TO YOUR TEAM CAPTAIN

Team Captain Name:	
Email:	Phone:
Golfer 2 Name:	
Email:	Phone:
Golfer 3 Name:	
Email:	Phone:
Golfer 4 Name:	
Email:	Phone:

CONTRIBUTIONS TEAM ENTRY FEE - \$500 INDIVIDUAL ENTRY FEE - \$125
 PLATINUM SPONSOR - \$5,000 GOLD SPONSOR - \$2,500 SILVER SPONSOR - \$1,000
 HOLE SPONSOR - \$250 CART SPONSOR - \$100

INFORMATION TO INCLUDE ON SIGN (PLEASE EMAIL ANY LOGO IMAGES TO TCWSA82@YAHOO.COM):

I'M UNABLE TO ATTEND BUT WISH TO DONATE.

Total Amount: \$ _____
Checks to: TCWSA Venmo: @TCWSA-Golf-25 (Preferred)
Credit Card # _____ Exp Date: _____ Code: _____
Signature: _____

**Please Return Form to TCWSA, PO Box 65, Collinsville, IL 62234 or
Email: TCWSA82@yahoo.com**