



**MISSION MOUNTAIN  
GOLF CLUB**

**2023 Order Form:** Please make your selection(s) with an "x" next to the items(s) of your choice and send full payment with the form.

**Golf Pass Season Options**

	Qty (a)	Fee (b)		Subtotal (a) x (b)
Season Pass Single		X \$695	=	\$
Season Pass Couples		X \$1290	=	\$
Junior Pass (14 & Under)/(15-17)		X \$95/\$150	=	\$
College Student Pass w/valid id (18-21)		X \$195	=	\$
Out of County/Polson Pass/Millennial (21-29)		X \$495	=	\$
Punch Card – 10 9-Hole Rounds ( <i>non-transferable and expires in 1 year</i> )		X \$225	=	\$

**Additional Pass Options**

	Qty (a)	Fee (b)		Subtotal (a) x (b)
Cart Pass – Half/Full		X \$575/\$995	=	\$
Cart Storage – <u>Electric</u> ( <i>includes cart usage fees</i> )		X \$575	=	\$
Cart Storage – <u>Gas</u> ( <i>includes cart usage fees</i> )		X \$525	=	\$
Driving Range Pass – Single/Family		X \$200/\$300	=	\$
Annual Trail Usage Fees (4 wheels/2 wheels)		X \$290/145	=	\$
Club Storage		X \$100	=	\$
MSGA* Handicap Fee		X \$35	=	\$
		<b>Total:</b>		\$

*Make Checks Payable To:*

MISSION MOUNTAIN GOLF CLUB  
46664 Golf Course Way  
Ronan, MT 59864

Facility Email: [missionmtngolf@gmail.com](mailto:missionmtngolf@gmail.com)

General Manager: Shawn Wilson

Phone: (406) 676-4653

**Applicant Billing Information**

Player 1:	Birth Date:	Ph#
Player 2:	Birth Date:	Ph#
Dependent under 19yrs:	Birth Date:	
Dependent under 19yrs:	Birth Date:	
Dependent under 19yrs:	Birth Date:	
Dependent under 19yrs:	Birth Date:	
Mailing Address ( <i>where all billing and member correspondence should be mailed</i> ):		
Street:	City	State Zip
Email:		
Type of card: <input type="checkbox"/> American Express <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard ( <i>If a member desires to pay their dues with a credit card, a 3% convenience fee will be added.</i> )		
Name on Card:		
Card Account:	Expiration Date:	
Authorized Signature:	VPN#	Today's Date: