

2024 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 \$745	=	\$
Season Pass Couples		X \$1390	=	\$
Junior Pass (14 & Under)/(15-17)		X \$95/\$150	=	\$
College Student Pass w/valid id (18-21)		X \$195	=	\$
Out of County (proof of other golf course annual membership)/Millennial (21-29)		X \$495	=	\$
Punch Card – 10 9-Hole Rounds		X \$250	=	\$
Additional Pass Options				
	Qty (a)	Fee (b)		Subtotal (a) x (b)
Cart Pass – Half/Full		X \$575/\$995	=	\$
Cart Storage – <u>Electric</u> (includes cart usage fees)		X \$575	=	\$
Cart Storage – <u>Gas</u> (includes cart usage fees)		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	=	\$
	•		Total:	\$
Make Checks Payable To:				
MISSION MOUNTAIN GOLF CLUB	Facilit	y Email: missio	nmtngolf	@gmail.com
46664 Golf Course Way	Genera	ıl Manager: Sh	awn Wilse	on
Ronan, MT 59864		Phone: (406) 676-4653		
Applicant Billing Information				
r 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 (where all billing and member co	orrespondence	should be mai	led):	
Street:		City	State	Zip
Email:				
Type of card: □American Express □Visa □ dues with a credit card, a 3% convenience fee will be adder	MasterCard (I	f a member desir	es to pay th	eir
Name on Card:	•			
Card Account:		Expiration Date:		
Authorized Signature:		VPN# Today's Date:		