



## MISSION MOUNTAIN GOLF CLUB

**2025 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 \$795	=	\$
Season Pass Couples		X \$1490	=	\$
Junior Pass (14 & Under)/(15-17)		X \$95/\$150	=	\$
College Student Pass w/valid id (18-21)		X \$195	=	\$
Out of County Pass (proof of other golf course annual membership)/Millennial (21-29)		X \$595	=	\$
Punch Card – 10 9-Hole Rounds		X \$250	=	\$

### Additional Pass Options

	Qty (a)	Fee (b)		Subtotal (a) x (b)
Cart Pass – Half/Full		X \$595/\$995	=	\$
Cart Storage – <u>Electric</u> (includes cart usage fees)		X \$625	=	\$
Cart Storage – <u>Gas</u> (includes cart usage fees)		X \$575	=	\$
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

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

46664 Golf Course Way

General Manager: Shawn Wilson

Ronan, MT 59864

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 (where all billing and member correspondence should be mailed):**

Street:	City	State	Zip
<b>Email:</b>			

Type of card: ☐ American Express ☐ Visa ☐ MasterCard (If a member desires to pay their dues with a credit card, a 3% convenience fee will be added.)

Name on Card:

Card Account:

Expiration Date:

Authorized Signature:

VPN#

Today's Date: