



MISSION MOUNTAIN GOLF CLUB

2026 Order Form: Please make your selection(s) with an "x" next to the item(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 \$845	=	\$
Season Pass Couples		X \$1590	=	\$
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 \$695	=	\$
Punch Card – 10 9-Hole Rounds		X \$300	=	\$

Additional Pass Options

	Qty (a)	Fee (b)		Subtotal (a) x (b)
Cart Pass – Half/Full		X \$625/\$1095	=	\$
Cart Storage – <u>Electric</u> (includes cart usage fees)		X \$675	=	\$
Cart Storage – <u>Gas</u> (includes cart usage fees)		X \$625	=	\$
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

46664 Golf Course Way

Director: Shawn Rogers MGR: Darian Williams

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
Email:			

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: