

MISSION MOUNTAIN GOLF CLUB

2019 ORDER FORM (EARLY BUY)

This is the MMGC 2019 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 \$535.00	=	\$
Season Pass Couples		X \$995.00	=	\$
Junior Pass (14 & Under)/(15-17)		X \$50.00/\$75.00	=	\$
College Student Pass w/valid id (18-21)		X \$100.00	=	\$
Out of County (proof of other course annual membership) or Polson Pass/Millennial (21-29)		X \$295/\$395	=	\$
Punch Card – 10 9-Hole Rounds (<i>non-transferable and expires in 1 year</i>)		X \$150.00	=	\$
		X \$	=	\$

Additional Pass Options

	Qty (a)	Fee (b)		Subtotal (a) x (b)
Cart Pass – Single		X \$550.00	=	\$
– Additional Same Household		X \$150.00	=	\$
Cart Storage – <u>Electric</u> (<i>includes cart usage fees</i>)		X \$500.00	=	\$
Cart Storage – <u>Gas</u> (<i>includes cart usage fees</i>)		X \$465.00	=	\$
Driving Range Pass – Single/Family		X \$175/\$250	=	\$
Annual Trail Usage Fees		X \$265.00	=	\$
Club Storage		X \$75.00	=	\$
MSGA* Handicap Fee		X \$25.00	=	\$
			Total:	\$

Make Checks Payable To:

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

Facility Email: missionmtngolf@gmail.com
 General Manager: Shawn Wilson
 Phone: (406) 676-4653



Applicant Billing Information

Name:	Birth Date:
Employer:	Occupation:
Driver's License # and State	Email Address:
Work:	Cell Phone:
Home Phone:	
Spouse Name:	Birth Date:
Dependent children under the age of 19:	Birth Date:
Dependent children under the age of 19:	Birth Date:
Dependent children under the age of 19:	Birth Date:
Dependent children under the age of 19:	Birth Date:

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

Street	City	State	Zip
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Contact in case of emergency:

Name:	Phone:
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Authorization (choose one)

Full Price Members I agree to the Terms and Conditions of Membership and hereby authorize Mission Mountain Golf Club to charge to the following credit card account for any Dues, Fees and Charges associated with this Membership.

(Initials required)

Annual Pre-Paid Members I agree to the Terms and Conditions of Membership and hereby authorize Mission Mountain Golf Club to charge to the following credit card account for the Annual Pre-Paid Fee (see above).

(Initials required)

Type of card: American Express Visa MasterCard

Name on Card:

Card Account:	Expiration Date:
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Authorized Signature:	VPN#	Today's Date:
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