

# MISSION MOUNTAIN GOLF CLUB

## 2019 ORDER FORM (EARLY BUY)

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 \$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	=	\$

### 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	=	\$
<b>Total:</b>				<b>\$</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:	
<b>Mailing Address (where all billing and member correspondence should be mailed):</b>		
Street:	City	State Zip
<b>Email:</b>		
Type of card: <input type="checkbox"/> American Express <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard		
Name on Card:		
Card Account:	Expiration Date:	
Authorized Signature:	VPN#	Today's Date: