

MISSION MOUNTAIN GOLF CLUB

2019 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 \$560.00	=	\$
Season Pass Couples		X \$1100.00	=	\$
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 \$345/\$445	=	\$
Punch Card – 10 9-Hole Rounds (<i>non-transferable and expires in 1 year</i>)		X \$160.00	=	\$

Additional Pass Options

	Qty (a)	Fee (b)		Subtotal (a) x (b)
Cart Pass – Single		X \$575.00	=	\$
– Additional Same Household		X \$175.00	=	\$
Cart Storage – <u>Electric</u> (<i>includes cart usage fees</i>)		X \$525.00	=	\$
Cart Storage – <u>Gas</u> (<i>includes cart usage fees</i>)		X \$490.00	=	\$
Driving Range Pass – Single/Family		X \$200/\$300	=	\$
Annual Trail Usage Fees		X \$290.00	=	\$
Club Storage		X \$80.00	=	\$
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

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: <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: