

2025 ORDER FORM (EARLY BUY until 28 Feb 2025) Please make your selection(s) with an "x" next to the items(s) of your choice and send full

Golf Pass Season Options			1		1	
	2025	Qty (a)	Early Buy (b)		Subtotal (a)x(b)	
Season Pass Single	\$795		\$745	=	\$	
Season Pass Couples	\$1,490		\$1,390	=	\$	
Junior Pass (13& Under)/(14-17)	\$95/150		\$95/\$150	=	\$	
College Student Pass w/valid id (18-21)	\$195		\$195	=	\$	
Out of County/Polson pass holder(20-29yrs)	\$595		\$525	=	\$	
Punch Card – 10 9-Hole Rounds or 10 18-Hole Single Seat Cart (non-transferable and expires in 1 year)	\$275		\$250	=	\$	
Additional Pass Options		[a. ()	43		I	
	2025	Qty (a)	Early Buy (b)		Subtotal (a)x(b)	
Cart Pass – Half/Full	\$595/\$995		\$575/\$995	=	\$	
Cart Storage – Electric (includes cart usage fees)	\$625		\$575	=	\$	
Cart Storage – <u>Gas</u> (includes cart usage fees)	\$575		\$525	=	\$	
Driving Range Pass – Single/Family	\$200/\$300		\$200/\$300	=	\$	
Annual Trail Usage Fees	\$290		\$290	=	\$	
Club Storage	\$100		\$100	=	\$	
MSGA* Handicap Fee	\$35		\$35	=	\$	
				Total:	\$	
Make Checks Payable To:						
MISSION MOUNTAIN GOLF CLUB		Facility Email: missionmtngolf@gmail.com				
46664 Golf Course Way		General Manager: Shawn Wilson				
Ronan, MT 59864	Phone: (40	Phone: (406) 676-4653				
Applicant Billing Information						
Player 1:	Birth Date:	Birth Date:			Ph#	
Player 2:	Birth Date:	Birth Date:			Ph#	
Dependent under 19yrs:	Birth Date:	Birth Date:				
Dependent under 19yrs:	Birth Date:	Birth Date:				
Dependent under 19yrs:	Birth Date:	Birth Date:				
Dependent under 19yrs:	Birth Date:	Birth Date:				
Mailing Address (where all billing and member correspondence should be mailed):						
Street:		City		State	Zip	
mail:						
Type of card: □American Express □Visa □Mast	terCard (If a mer	nber desire	s to pay their dues	with a cre	edit card, a 3%	
·						
convenience fee will be added.)						
Card Account:	Expiration	Date:				