



ANNUAL WEEKDAY PASS RATES¹

	INDIVIDUAL	COUPLE	FAMILY
Senior Resident	<input type="checkbox"/> \$2,600	<input type="checkbox"/> \$3,600	<input type="checkbox"/> \$4,200
Resident	<input type="checkbox"/> \$3,200	<input type="checkbox"/> \$4,200	<input type="checkbox"/> \$4,800
Sr Non-Resident	<input type="checkbox"/> \$3,200	<input type="checkbox"/> \$4,200	<input type="checkbox"/> \$4,800
Non-Resident	<input type="checkbox"/> \$3,600	<input type="checkbox"/> \$4,800	<input type="checkbox"/> \$5,400

ANNUAL PERSONAL PRIVATE CART-VALID ALL DAYS

INDIVIDUAL	COUPLE	FAMILY
<input type="checkbox"/> \$900	<input type="checkbox"/> \$1,200	<input type="checkbox"/> \$1,600

ANNUAL CLUB CART-VALID ALL DAYS

INDIVIDUAL	COUPLE	FAMILY
<input type="checkbox"/> \$1,200	<input type="checkbox"/> \$1,500	<input type="checkbox"/> \$1,900

SUBTOTAL _____

TAX (8.25%) _____

TOTAL _____

Payment Method

_____ I will pay the full amount using cash or check. By doing so, I will receive a 5% discount.

_____ I will to pay the full amount using a credit card.

_____ I would like to make 3 installments using a credit card in three installments. At time of
of application, March 1, and May 1.

Initial Here _____

¹ Weekday is Monday through Thursday excluding holidays. Fridays before noon until La Quinta is fully open. Price does not include tax.



Golf Club Payments

Amount Charged to be charged today _____

Amount to be charged on March 1, 2026 _____

Amount to be charged on May 1, 2026 _____

Name on Card _____

Credit Card number _____

Expiration _____ **Security Code** _____

I authorize the City of Missouri City and the financial institutions listed above to automatically debit my bank account or charge my credit card for Golf Club pass/cart fee charges in three equal payments of _____. I understand that it is my responsibility to notify the City of Missouri City, in writing, if I make any changes to this agreement, or if I close this bank account. **This agreement acknowledges that I am responsible for the account number(s)** above and will indemnify the City against any loss or damage from delayed payments resulting from incorrect or incomplete information. There is a \$50 non-sufficient fund charge on all returned items, which must be paid with the original amount.

Signature _____ **Date** _____