



## 2026 Pass: Practice Facility

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### Privileges

- May hit *unlimited* practice balls on the Driving Range and Short Game Practice Area

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### Rates

- **Individual** – \$300 + Tax
- **Family** – \$500 + Tax

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### Rules

- 2026 Practice Facility Pass Card must be presented at the Golf Shop counter when requesting tokens
- INDIVIDUAL Pass Holders may *not* share practice balls with other people on the practice range
- FAMILY Passes are for the *immediate* family only... they are *not* for relatives, friends, or guests
- Any Pass Holder who violates the rules and restrictions are subject to loss of all range privileges for the rest of the season

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### Schedule

- **Sunday** – Sunrise to 3:00 PM\*
    - \*The Driving Range will close Sunday at 3:00 PM to prepare for mowing Monday mornings.
    - \* It will reopen Monday, after mowing is completed.
  - **Monday** – 10:00 AM\* to Sunset
  - **Tuesday thru Saturday** – Sunrise to Sunset
  - The Practice Facility hours are subject to change, depending upon inclement weather, tournaments, outings, daylight hours, etc.
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## Golf Course, Lodge, and Practice Facility

2901 Hunters Ridge Road • Marion, Iowa 52302

[www.hrgolfcourse.com](http://www.hrgolfcourse.com) • [huntersgolf@mchsi.com](mailto:huntersgolf@mchsi.com)

(319) 377-3500 Golf Shop

### 2026 Pass: Practice Facility

*This form will be on file at  
Hunters Ridge Golf Shop*

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home Phone: (     ) \_\_\_\_\_ Email #1: \_\_\_\_\_

Work Phone: (     ) \_\_\_\_\_ Email #2: \_\_\_\_\_

Cell Phone: (     ) \_\_\_\_\_ Email #3: \_\_\_\_\_

Fees: ☐ Individual – \$300 ☐ Family\* – \$500

7% Tax: \$ \_\_\_\_\_

TOTAL: \$ \_\_\_\_\_

**NON-REFUNDABLE**

Payment Method: ☐ Cash ☐ Check

☐ Charge – MasterCard / Visa / AmEx / Discover

Date of Payment:     /     /

Credit Card #: \_\_\_\_\_ Exp. Date:     /     /

*This is an authorization for Hunters Ridge Golf Course to charge past due balances over 45 days to the credit card provided. All accounts will be discontinued if account balances become over 90 days past due.*

Signature: \_\_\_\_\_ Date:     /     /