

**Orange County/Claiborne West Park Ballfield
PAYMENT AUTHORIZATION FORM**

Team Name: _____

Coach Name: _____

Phone: _____ Email: _____

Recurring Reservation Slots for the _____ practice season:
(Enter the year and either Spring/Summer or Fall/Winter)

Weekday Time Slot 5:15 PM – 7:00 PM

Monday Tuesday Wednesday Thursday Friday

Weekday Time Slot 7:15 PM – 9:00 PM

Monday Tuesday Wednesday Thursday Friday

Weekend Times Slots:

Weekend Time Slot 8:00 AM – 9:45 AM Saturday Date: _____ Sunday Date: _____

Weekend Time Slot 10:00 AM – 11:45 AM Saturday Date: _____ Sunday Date: _____

Weekend Time Slot 12:00 PM – 1:45 PM Saturday Date: _____ Sunday Date: _____

Weekend Time Slot 2:00 PM – 3:45 PM Saturday Date: _____ Sunday Date: _____

Weekend Time Slot 4:00 PM – 5:45 PM Saturday Date: _____ Sunday Date: _____

Weekend Time Slot 6:00 PM – 7:45 PM Saturday Date: _____ Sunday Date: _____

I, _____, on this date _____, authorize The Orange County Parks Department/Claiborne Park at 14810 IH 10, Vidor, TX 77662 to charge my credit card listed below for field rentals that the team listed above may incur over the course of the "rental period" on the days and times selected above. I understand these charges will be processed on a weekly basis for practices scheduled for the current week. I understand that I will not be charged for practices that are cancelled in accordance with the Orange County Parks Department/Claiborne Park Rental Guidelines or practices that are cancelled by the Orange County Parks Department/Claiborne Park Staff. I acknowledge that I will be charged for practices NOT cancelled in accordance with The Orange County Parks Department/Claiborne Park Rental Guidelines. In addition, I hereby affirm that I am responsible for adhering to the Orange County Parks Department/Claiborne Park Rental Guidelines with respect to the team's use of the field at Claiborne West Park or will be subject to additional fees as outlined above to be charged to this credit card.

I authorize the card listed below to be charged \$20 per practice for the total number of practices scheduled for the week.

Credit Card Type: _____ Credit Card #: _____

Expiration Date: _____ Security Code: _____

Billing Address: _____

City: _____ State: _____ Billing Zip Code: _____

Printed Name (full name on card): _____

Signed Name: _____ Date: _____