

**Spring Klein Baseball
Contact Information / Credit Card Consent Form**

(Please Print Clearly)

Team Contact Name : _____

Team Contact Phone Number: _____

Team Age: _____

Team Sanction: A AA AAA Major

Team Name: _____

I, _____, on this date ___/___/___, authorize Spring Klein Baseball to charge my credit card for field rental on a **monthly** basis for the amount of **\$80 (Non SKSA league teams) per 2 hours**, or **\$40 (SKSA league team) per 2 hours without lights and/or \$50 (SKSA league team) per 2 hours with lights**. I understand that I will not be charged for practices that were cancelled in accordance with the Field Rental Procedures or practices that were cancelled by Spring Klein Baseball due to weather or SKSA games. I understand that if I am scheduled for practice and I do not show up, I will still be charged for the rental.

I understand that without this form on file, I will be unable to rent fields with Spring Klein Baseball.

Credit Card Type (MC / VISA ONLY): _____

Credit Card Number: _____

Expiration Date: _____

Three-digit security code: _____

Printed name (On card): _____

Signed Name: _____

The above information will be given to the SKSA bookkeeper. This group will place a charge on the recorded card, once per month for field rentals. The total amount will depend on the number of field rentals for the previous month.

Complete and fax this form to : 832-442-4422
Attention: SKSA Bookkeeper