



FIELD RENTAL AGREEMENT / CREDIT CARD CONSENT FORM

Team Contact Name: _____

Organization Name (if app): _____

Team Name: _____

Team Age: _____

I, _____, on this date ____/____/____, authorize Baseball U.S.A "The Yard" at 2626 W. Sam Houston Pkwy N. Houston, Texas 77043 to charge my credit card for field rentals that I may incur. I understand this will occur on a weekly basis for the amount of \$50/hr with a minimum of (2) hours; or \$30/hr (BUSA league teams) with (2) hour minimum; or \$40/hr with minimum of (2) hours (league teams not currently in active BUSA leagues). I understand that I will not be charged for practices that were cancelled in accordance with the BUSA Field Rental Policies or practices that were cancelled by BUSA staff due to weather or BUSA League/Tournament games. I understand that if I am scheduled for a practice and I do not show up, I will still be charged for the rental. I understand that I will not be granted field rentals if I have outstanding debts to Baseball USA "The Yard". I also understand that without this form on file, I will be unable to rent fields from Baseball U.S.A. "The Yard". In addition I affirm that I have read and understand the Baseball USA "The Yard" Field Rental Guidelines.

(Signature)

FIELD RENTAL / CREDIT CARD FORM

Contact Name: _____

Team Name: _____

Team Age: _____

Coach Name: _____

Coach Phone: _____

Organization (If App): _____

Contact Address: _____

City: _____ **State:** _____ **Zip:** _____

Contact Phone: _____ **Cell:** _____

Contact E-mail: _____

(Contact Signature)

Date

(Jeff Hubbard)

Date

Credit Card 1

Credit Card Type (Visa/MC/Disc/Amex): _____

Credit Card Number: _____

Expiration Date: _____ Security Code: _____

Billing Address: _____

Billing Zip Code: _____

Printed Name (on card): _____

Signed Name: _____

Credit Card 2 - Optional

Credit Card Type (Visa/MC/Disc/Amex): _____

Credit Card Number: _____

Expiration Date: _____ Security Code: _____

Billing Address: _____

Billing Zip Code: _____

Printed Name (on card): _____

Signed Name: _____

**Return completed form via fax to 713.690.9448,
attn: Jeff Hubbard**