

# 2023-24 | AUTHORIZATION FORM



EVENT DATE: \_\_\_\_\_ COMPANY NAME: \_\_\_\_\_

EVENT: \_\_\_\_\_ CONTACT NAME: \_\_\_\_\_

BOX #: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

ON-SITE CONTACT: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_

1. Will the box suite be used? ☐ Yes ☐ No

2. Will the box suite owner be in attendance? ☐ Yes ☐ No

3. If the suite owner is not in attendance, name the person authorized to use the box for this event:

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_ FAX: \_\_\_\_\_

4. Is the named in #3 above authorized to use:

( A ) Box Suite holder's credit card # on file for Food & Beverage order? ☐ Yes ☐ No

( B ) If the answer to the above is yes, do any restrictions apply? ☐ Yes ☐ No

SPECIFY: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

5. If you answered "no" to question #4, please have the persons name in #3 completely fill out the credit card authorization form.

6. Have you completed all three (3) pages of this package? ☐ Yes ☐ No

I, the Box Suite user, understand that if I wish to place an order for platters, I need to email the order form in 48 hours in advance or a \$25.00 late penalty will be added to my bill. Subject to availability and time provided. Platters will not be made unless they are pre-ordered.

Please email all 3 completed pages to: [skehoe@barriecolts.com](mailto:skehoe@barriecolts.com)

BOX SUITE HOLDER'S SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_