

2025-26 | 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 48 hours in advance or a **\$50.00 late penalty** will be added to the 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

BOX SUITE HOLDER'S SIGNATURE: _____

DATE: _____

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Total Food & Non-Alcohol: _____ Total Alcohol: _____ Sub-Total: _____

Minimum 18% gratuity charge: _____ Add 13% HST (Applies to Sub-total): _____

Grand Total to be charged to credit card below: _____

Signature: _____ Date: _____

Type of Card: ☐ Visa ☐ MasterCard

Name on the Card: _____ Card #: _____

Compay Name: _____ EXP. Date: _____ CCV: _____

Address: _____ City / Postal Code: _____

Phone: _____ Fax: _____

This form authorizes Colts Food Services Limited to charge my credit card account, as indicated above directly with any and all charges incurred by the box number and on the date noted on page one of this form. Please be informed that the suite holder is ultimately responsible for any third party charges not settled by any "guests" that the suite holder may loan or give permission/access to use their suite.

Signature: _____ Date: _____

***Please email all 3 pages to this form to skehoe@barriecolts.com
48 hours before the event date. Thank you for your order.***