

Oakland Parks, Recreation & Youth Development 250 Frank H. Ogawa Plaza, Suite 3330, Oakland, CA 94612



Office: 510.238-3187; Facsimile: 510.238-2397 Hours of Operation: 9:00 am – 4:00 pm, Monday through Friday

ttention:		Date:		
CRE	DIT CARD PAYMENT A	AUTHORIZA'	TION	
I authorize the Oakl VISA	and Parks, Recreation & Youth De	- :	(D) to charge my:	
MASTERCARD		Expiration Date:		
☐ Driver's License o Expiration Date:	r State Identification Card			
	Amount to Be Ch	arged: \$		
acility/Park Name:	Event Date:	vent Date: Event Time:		
	Credit Card Holder's I	nformation:		
Name (As it appears on C	redit Card):			
Address:	City:	State:	Zip Code:	
Home Phone:	Work Phone:	Fa	x:	
	Address:			
Author	rized Signature:	·		
Comments:				
			•	
			· · · · · · · · · · · · · · · · · · ·	
<u>·</u>				
Provid	e a Legible Copy of Driver's License	e or State Identifica	ution Card	