



MISSOURI
STATE ASSOCIATION

Credit Card Authorization Form

In consideration of being permitted to register and attend the Middle School Culinary Bootcamp without having provided payment of the conference registration fee, I hereby authorize payment to be made to Missouri FCCLA on my credit card on February 5, 2026 for \$_____, on behalf of _____ (Chapter Name) for the Middle School Culinary Bootcamp registration fee plus a 20% convenience fee, unless I provide payment of the conference registration fee by some alternate method prior to February 5, 2026

Name

Chapter

Email Address

Phone Number

CREDIT CARD INFORMATION

Credit Card Type: MC V AMEX DISC

Credit Card Number

Expiration Date

Security Code

ZIP Code

Billing Address:

Street Address

City, State ZIP Code

Name on Card

Signature of Cardholder

MISSOURI FAMILY, CAREER AND COMMUNITY LEADERS OF AMERICA

P.O. BOX 480 | JEFFERSON CITY, MO 65102

FCCLA MISSOURI

(573) 522-6543 | mofccla@dese.mo.gov | missourifccla.org