



MISSOURI
STATE ASSOCIATION

Credit Card Authorization Form

In consideration of being permitted to register and enter into **Middle School Culinary Boot Camp** on **December 4, 2026** without having provided payment of the conference registration fee, I hereby authorize payment to be made to Missouri FCCLA on my credit card on **01/04/2027** for \$_____, on behalf of _____ (Chapter Name) for the **Middle School Culinary Boot Camp** registration fee plus a 25% convenience fee, unless I provide payment of the conference registration fee by some alternate method prior to _____ (date).

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**

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