

**GALVESTON COUNTY FAIR & RODEO, INC.
COOK-OFF - CREDIT CARD PAYMENT REQUEST FORM**



Name on Card: _____

C/C Type

C/C Number

Expiration Date

3 or 4 digit security code

Billing Zip Code for the card

Email: _____

I, _____,

authorize **GALVESTON COUNTY FAIR & RODEO, INC.** to charge my credit card above for the 2024 Cookoff.

Electronic Signature of Authorization