Miss Teen International®

CONTESTANT FEES

Payment Form

Please Print to ensure faster processing.
Please complete the entire form.

Contestants Name: _____

Mailing Address: *For Credit Card Orders, This MUST be the same billing address*

_____

_____

City: _____

State: _____ Zip Code: _____

Email Address: _____

Daytime Telephone: (_____) _____

State The Contestant Represents: _____

Please list the amounts you are paying at this time below:
If you do not know what fees you should pay, please contact us at 540-989-5992.

CONTESTANT DEPOSIT FEE: $_____

CONTESTANT FINAL PAYMENT FEE: $_____

Method of Payment:

☐ Check (Please Make Checks Out To: International Pageants) Check Number: ☐☐☐☐☐

☐ VISA

☐ MASTERCARD

I authorize International Pageants to charge my credit card.
There is a 3% surcharge applied to amount when using a credit card.

Account Number: ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐

Expiration Date: ☐☐ ☐☐
Month (06) Year (08)

Name as it appears on the Card (Please Print) _____

Signature (Please sign as you would sign your credit card.) _____

Please print this form and mail it with your check, money order, or credit information to:
Credit Card Orders can be FAXED to: 540-989-8571

International Pageants, Inc.
P.O. Box 12426
Roanoke, Virginia 24025-2426