



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: Mrs. International) Check Number:

VISA MASTERCARD I authorize International Pageants to charge my credit card:

Account Number:

All credit orders are subject to credit approval.

Expiration Date:
Month (06) Year (08)

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

Your 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

**Mrs. International
P.O. Box 12426
Roanoke, Virginia 24025-2426**