



Mrs. 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.
 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) _____

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:

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

Credit Card Orders can be FAXED to: 540-989-8571

INTERNATIONAL PAGEANTS, INC.
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