Payment Card	Use this card to make payments for sponsor fee or optional contest	ts. See your Action Pac	ked Su	mmary for deadlines.
Contestant's Name:		State:		For Office Use Only
Age Division: Princess Jr	r. Pre-Teen Pre-Teen Jr. Teen Teen Miss	_		Rec'd: /
For accounting purposes, please list each person and/or company below and the circle form of payment each name that makes up the total. Feel free to attach an extra sheet.		it enclosed for		By:
Name on Payment:	(Check #	- or- Money Order)	Amo	unt: \$
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Mail To: Nat	tional American Miss – PO BOX 762, Kingston Springs, TN 37082	TOTAL	.:	\$
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National American Miss	National American Miss – PO BOX 762, Kingston Springs, TN 37082	TOTAL		\$
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National American Miss

**TOTAL:** \$\_\_\_\_\_