

Payment Card

Use this card to make payments for sponsor fee or optional contests. See your Action Packed Summary for deadlines.

Contestant's Name: _____ State: _____

Age Division: Princess Jr. Pre-Teen Pre-Teen Jr. Teen Teen Miss

For accounting purposes, please list each person and/or company below and the circle form of payment enclosed for each name that makes up the total. Feel free to attach an extra sheet.

For Office Use Only

Rec'd: ____ / ____

By: _____

Amt: \$ _____

Name on Payment: _____ (Check # _____ - or- Money Order) Amount: \$ _____

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Name on Payment: _____ (Check # _____ - or- Money Order) Amount: \$ _____



Mail To: National American Miss – PO BOX 762, Kingston Springs, TN 37082

TOTAL: \$ _____

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