

MISS TEXAS USA® PAGEANT TICKETS

Contestant Name _____ Title: _____

Your Name _____ Home Phone(_____) _____ WorkPhone(_____) _____

**ORDERS WILL BE PROCESSED WITH BEST SEATING AVAILABLE ON A FIRST COME, PAID FIRST BASIS.
TICKETS WILL NOT BE HELD WITHOUT PAYMENT.**

CONTESTANT SWIMSUIT PREVIEW (FRI. - September 3, 2010 - 7:00 p.m.)

General Admission/Open Seating..... @ \$5.00 ea. = _____

PRESENTATION SHOW & COMPETITION (SAT. - September 4, 2010 - 7:30 p.m.)

(All contestants compete in swimsuits and in evening gowns. Special Awards presented to Swimsuit Winner and Most Photogenic.)

VIP Runway Seating (Sections 3 or 4 Rows A-P)..... @ \$54.00 ea. = _____

Secondary Seating (Sections 2 or 5 Rows A-L)..... @ \$39.00 ea. = _____

Secondary Seating (Sections 2 or 5 Rows M-S)..... @ \$25.00 ea. = _____

Secondary Seating (Sections 1 or 6 Rows A-S)..... @ \$25.00 ea. = _____

FINAL SHOW AND COMPETITION (SUN. - September 5, 2010 - 3:00 p.m.)

(All contestants will participate in the Final Show for Miss Texas USA)

~~**SOLD OUT** - VIP Runway Seating (Sections 3 or 4 Rows A-P)..... @ \$79.00 ea. = _____~~

Secondary Seating (Sections 2 or 5 Rows A-L)..... @ \$65.00 ea. = _____

~~**SOLD OUT** Secondary Seating (Sections 2 or 5 Rows M-S)..... @ \$39.00 ea. = _____~~

Secondary Seating (Sections 1 or 6 Rows A-S)..... @ \$39.00 ea. = _____




SUBTOTAL..... _____

If order to be charged (MC/Visa or AmX), add 5% for processing & handling _____

TOTAL..... _____

PERSONAL CHECKS WILL NOT BE ACCEPTED. PLEASE PAY WITH MONEY ORDER, CASHIER'S CHECK (payable to Miss Texas USA), MASTERCARD, VISA OR AMERICAN EXPRESS.

(CHARGES WILL NOT BE ACCEPTED AFTER TUESDAY, AUGUST 30, 2010.)

METHOD OF PAYMENT (CHECK ONE BOX)				CARD NUMBER														
<input type="checkbox"/> MASTERCARD (16 digits) 	<input type="checkbox"/> VISA (13 or 16 digits) 	<input type="checkbox"/> AMERICAN EXPRESS (15 digits) 		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Cardholder understands if he/she requests tickets to be held at door for pick up and tickets are not picked up, cardholder remains responsible for full payment and all sales are final.				NO REFUNDS - NO EXCHANGES														
														EXP. DATE				
Cardholder's Signature _____														<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

Save time! Fax your charge order to (281) 493-5900.

Charge order must include cardholder's signature and expiration date.

Check one:

_____ Hold my tickets at the door under name - _____

_____ Please mail my tickets to: (Tickets won't be mailed after August 20, 2010.)

Please Print (Name, Address, City, State, Zip)