

## BARBERS INTERNATIONAL COMPETITION APPLICATION

**Two ways to apply:**

Call 870-210-1500 to submit personal and payment information via phone and fax; or, print out this application and mail with competition registration fee to:

**Charles Kirkpatrick**  
**870-210-1500**  
**FAX: 870-246-6363**

**Competition**  
**Barbers International**  
**2708 Pine Street**  
**Arkadelphia, AR 71923**

**SECTION 1 – COMPETITOR INFORMATION**

|                           |      |            |  |
|---------------------------|------|------------|--|
| Name:                     |      |            |  |
| Home Address:             |      |            |  |
| City:                     |      | State:     | Zip code:  |
| Email address (required): |      |            | Phone: (    )  |
| BI Member Number:         | Age: | Check One: | <input type="checkbox"/> Student Barber <input type="checkbox"/> Student Cosmetologist<br><input type="checkbox"/> Licensed Barber <input type="checkbox"/> Licensed Cosmetologist |

**Check one competition category only**

|                   |                       |                        |                        |
|-------------------|-----------------------|------------------------|------------------------|
| State Board Taper | Fantasy Cut – Student | Clipper Cut – Licensed | Fantasy Cut – Licensed |
|-------------------|-----------------------|------------------------|------------------------|

**SECTION 2 – BARBER/BEAUTY SCHOOL INFORMATION (For Students only)**

|                            |  |                                       |
|----------------------------|--|---------------------------------------|
| School Name:               |  |                                       |
| Address:                   |  |                                       |
| City:                      |  | State:                                |
| Name of School Official:   |  | Title:                                |
| Email address:             |  | Phone: (    )                         |
| Student's enrollment date: |  | Student's anticipated graduation date |

I, \_\_\_\_\_, do hereby attest that the information provided in Section 2 of  
 (Instructor/Director Signature)  
 this document is true and accurate according to current school records.      Date: \_\_\_\_\_, 2009.

**SECTION 3 – SHOP/SALON INFORMATION (For Licensed Professionals only)**

|                |                    |                 |
|----------------|--------------------|-----------------|
| Name:          |                    |                 |
| Address:       |                    |                 |
| City:          |                    | State:          |
| Shop Owner:    |                    | Zip code:       |
| Email address: |                    | Phone: (    )   |
| License #      | State of Issuance: | Years licensed: |

I, \_\_\_\_\_, do hereby attest that the information provided is true and accurate.  
 (Applicant's Signature)      Date: \_\_\_\_\_, 2009.

**SECTION 4 – PAYMENT INFORMATION**

|  |  |             |             |
|--|--|-------------|-------------|
| Student Competition Fee: \$20.00               | check  | credit card | money order |
| Licensed Professional Competition Fee: \$35.00 | check  | credit card | money order |
| Name as it appears on credit card:             |  |             |             |
| Credit card type:                              | Credit Card # :                              |             |             |
| Expiration date:                               | Security code: (3-4 numbers on back of card) |             |             |

**SECTION 5 – For Office Use Only**

|                |                |                 |
|----------------|----------------|-----------------|
| Date Received: | Date Approved: | Date Contacted: |
|----------------|----------------|-----------------|