

## 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:    Student Barber    Student Cosmetologist  
                  Licensed Barber    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:

Zip code:

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:

Zip code:

Shop Owner:

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: