



HBIA

AUSTRALIAN HAIRDRESSING CHAMPIONSHIPS

ENTRY FORM 2018

Given Name: _____

Miss / Mrs / Ms / Mr Surname: _____

Home Address: _____

_____ Postcode: _____

Salon Name: _____

College Name: _____

Address: _____

_____ Postcode: _____

Telephone Work: () _____ Home: () _____

Mobile: _____ Email: _____



Name of competitor: _____

Payment is by: please tick

Cheque Credit Card Money Order EFT

Please make cheque payable to the Hairdressing & Beauty Industry Association

Credit Card Type Bankcard Mastercard Visa Amex Diners

Credit Card No: CCV:

Expiry date: Amount: \$ _____

Name on Card: _____ Signature: _____

EFT DETAILS: HBIA
BSB NUMBER: 063 885
ACCOUNT NUMBER: 1039 3274
REF: YOUR COMPETITOR NAME

Please return your Entry Fees and Form to:

HBIA, PO Box 159, MALVERN VIC 3144

T 0409 803 521 | **E** info@hbia.com.au | www.hbia.com.au | www.facebook.com/yourHBIA