



HBIA

AUSTRALIAN HAIRDRESSING CHAMPIONSHIPS

ENTRY FORM 2017

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: 124 104
ACCOUNT NUMBER: 2068 9259
REF: YOUR COMPETITOR NAME

Please return your Entry Fees and Form to:

HBIA, PO Box 159, MALVERN VIC 3144

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