

Please complete the following information:

Name _____

Address _____

Address Line 2 _____

City _____ State _____ Zipcode _____

Home Phone _____ Cell Phone _____

Email _____

Please select the category/categories you would like to compete in:

Individual Senior Ladies Tests

Hair Combination

- ☐ Creative & Hair by Night – Mannequin | \$800
- ☐ Day Style & Evening Style – Live Model | \$800
- ☐ Day Style & Evening Style – Mannequin | \$800
- ☐ Progressive Cut & Full Fashion Look – Live Model | \$800

Hair Individual

- ☐ Full Fashion Look – Live Model | \$450
- ☐ Progressive Cut – Mannequin | \$450
- ☐ Bridal Hairstyle – Live Model | \$450
- ☐ Fantasy Hairstyle – Live Model | \$450

Aesthetics Combination & Individual Tests

- ☐ Bridal Makeup & Stage Makeup – Live Model | \$800
- ☐ Bridal Makeup Individual – Live Model | \$450
- ☐ Stage Makeup Individual – Live Model | \$450
- ☐ Body Painting Individual – Live Model | \$450

Nails Combination & Individual Tests

- ☐ Free Nails Painting – Box & Fantasy – Live Model | \$800
- ☐ Free Nails Painting – Box | \$450
- ☐ Fantasy Nails – Live Model | \$450

School Team Tests

- ☐ Ladies Day & Gents Trend – Mannequin | \$650

Payment Information:

All checks can be made out and mailed to: Professional Beauty Association
15825 N. 71st Street, Suite 100
Scottsdale, AZ 85254

OR You may fill out the Credit Card Authorization Form below and return to mary@probeauty.org or by fax to 480-281-0424.

One Time Credit Card Payment Authorization Form

Individual Senior Gents Tests

Hair Combination

- ☐ Creative & Classic – Mannequin | \$800
- ☐ Full Fashion Look & Progressive Cut – Live Model | \$800
- ☐ Fashion Trend & Progressive Cut – Mannequin | \$800

Hair Individual

- ☐ Full Fashion Look – Model | \$450

Individual Junior Ladies Tests

Hair Combination

- ☐ Creative & Hair by Night – Mannequin | \$650
- ☐ Evening Styling & Progressive Cut – Mannequin | \$650

Individual

- ☐ Bridal Hairstyle – Mannequin | \$350

Individual Junior Gents Tests

Hair Combination

- ☐ Creative & Classic – Mannequin | \$650
- ☐ Fashion Trend & Progressive | \$650

Sign and complete this form to authorize Professional Beauty Association to charge to your credit card listed below.

By signing this form you give us permission to charge your credit card for the amount indicated on or after the indicated date. This is permission for a single transaction only, and does not provide authorization for any additional unrelated debits or credits to your account.

Please complete the information below:

I _____ (full name) authorize Professional Beauty Association to charge my credit card account indicated below for \$ _____ on or after _____.
(amount) (date)

This payment is for _____ OMC Registration Fees

Billing Address _____

City, State, Zip _____

Phone _____ Email _____

Account Type: ☐ Visa ☐ MasterCard ☐ AMEX ☐ Discover ☐ Diners Club

Cardholder Name _____

Account Number _____

Expiration Date _____

CVV2 (3 digit on back of Visa/MC, 4 digits on front of AMEX) _____

SIGNATURE _____ DATE _____

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for one time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company: so long as the transaction corresponds to the terms indicated in this form.