COMPLETE THE OFFICIAL ENTRY FORM:

CONTESTANT’S NAME ___________________________ GRADE 11 OR 12
(Please Print)

HOME ADDRESS ____________________________________________

__________________________________________________________
(City) (State) (Zip Code)

PHONE: ( ) __________________________. The deadline for entry is *February 19, 2016.*
(*Absolutely no entry forms will be accepted after this date)

NAME OF COSMETOLOGY SCHOOL ______________________________

INSTRUCTOR(S) WHO WILL ATTEND ______________________________

Signature of Contestant __________________________________________

Signature of Instructor __________________________________________

For questions concerning competition contact: WCCS Competition Coordinator
Connie Wallace (334) 876-9253
Cosmetology Instructor
connie.wallace@wccs.edu

Send registration form(s) to: ACE Registration Clerk
pamela.moore@wccs.edu
or fax to: (334) 876-9392

Copy as needed