



Kennedy International Photography THE LEARNING CENTER

Class Registration Form

Which Class are you registering for: _____

Date of Class: _____ If Class is full would you be open for other dates?: Yes No

Name:

Address:

City:

State:

Zip:

Phone / Home:

Cell:

E-mail:

Are you a member of the PPA? Yes No Age: 18-25 ___ 26-30 ___ 31-40 ___ 41-60 ___ 61 & Up ___

Are you a member of the WPPI? Yes No Skill Level: Entry ___ Amateur ___ Adv. Amateur ___ Pro ___

Are you a member of SEAPAC? Yes No Do you have a Laptop: Yes No Photoshop: Yes No

Occupation: _____ Company: _____ T-Shirt Size: _____

Have you ever attended one of our classes or workshops: Yes No If so, which one: _____

How did you hear about us?: _____ Other: _____

Camera Equipment: (Please List)

Amount of Class or Workshop: \$

Deposit: \$

Balance: \$

By signing below you are signing up for a class or workshop listed above and you have read and understand the policies associated with these classes.

Signature:

Date of Signature:

To reserve your place please mail your registration form along with your deposit of half of the total class cost to the following address. The other half is due on the course date. Make checks payable to "F. Scott Kennedy".

Kennedy International Photography
F. Scott Kennedy Photography
1161 North Park Ave.
Dothan, AL 36303
Attn: The Learning Center

Credit Card Type:

Name on Card:

Card Number:

SS Code:

Exp. Date:

Mailing Address must match above home address

Office Use Only: