



Kennedy International Photography THE LEARNING CENTER

Workshop Registration Form

Which Class are you registering for:

Date of Class:

If Workshop is full can you make 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 \$300.00 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: