

In Store Class Registration Form

All In Store Classes will be held at

The Camera Doctor at Nebraska Camera

5810 2nd Ave. Kearney, NE

Please check our website for classes available.

Class I signed up for _____

Check number# _____ Amount\$ _____

Date Registration was mailed _____

(Pre-registration and payment is required to reserve your seat)

**For Additional information or Questions call
308-237-2521 or 308-237-2527**

Please keep this top part for your records.

Please include this portion with your payment.

In Store Class

Please Print Clearly in case we need to contact you about the class.

Name _____

Complete Address _____

Email address _____

Telephone _____ - _____ - _____ Camera Make (Sony, Nikon, ect) _____

Camera Model# (T3i, N65,ect) _____

Please tell us which class you are signing up for (as we may have more than one class offered at a time)

What do you want to learn from this class? _____

Please mail completed registration form along with your check to: **Nebraska Camera**

5810 2nd Ave.

Suite C

Kearney, NE 68847