

sTOrM Photography 101

Date of Workshop: _____ Camera Club: _____

6hr Photography Workshop: \$120.00

Name _____

Phone# _____

E-mail _____

Emergency Contact Name and Number

Relationship: _____

Any special health concerns that we need to know about:

Camera(s) you will be
bringing: _____

Len(s) you will be
bringing: _____

Favorite themes or subjects to shoot: _____

Deposit enclosed: \$ _____

Remaining Balance: \$ _____

All checks made out to:

Tom Storm Photography

Sent with registration form to:

Tom Storm Photography
102 Honeysuckle Lane
Lehighton, Pa 18235

*Minimum of \$30.00 for Registration.
Any outstanding balance due 5 days before the day of class.*