

## Registration Information

**Yes – Sign me/us up for Class!**  
\$50 per person

Please complete the information below for EACH individual attending Night Lights.

List your 1st & 2nd choice of classes below. If you don't have a preference, then select the "Surprise Me" box. If you'd like to attend class with a friend, provide their name and we'll do our best to accommodate.

**Remember – Each individual MUST register for a class. Please make copies for additional registrations.**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Class Preference (Select A-H):

Choice 1: \_\_\_\_\_ Choice 2: \_\_\_\_\_

Surprise Me

Attend with: \_\_\_\_\_

.....  
Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Class Preference (Select A-H):

Choice 1: \_\_\_\_\_ Choice 2: \_\_\_\_\_

Surprise Me

Attend with: \_\_\_\_\_

## Payment Form

I'm unable to attend Night Lights, but would like to support the Bright Lights program!

Enclosed is my tax-deductible donation for:

\$25

\$250

\$50

Other \$ \_\_\_\_\_

\$110 – covers tuition charge for one child!

**Payment must accompany your registration.**

\_\_\_\_\_ Registrations @ \$50/person \$ \_\_\_\_\_

Tax-deductible Donation \$ \_\_\_\_\_

**★ Total Amount Enclosed \$ \_\_\_\_\_**

Check # \_\_\_\_\_  Visa  MC

Card # \_\_\_\_\_

Exp. \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Signature \_\_\_\_\_

**Please make checks payable to Bright Lights.**

Detach and return registration form in the envelope provided. Register early for best class selection!



5561 S. 48th Street, Suite 220, Lincoln, NE 68516

★ A class confirmation will be sent to each individual at the email provided above.

[www.brightlights.org/NightLights](http://www.brightlights.org/NightLights)