Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

REGISTRATION /INVOICE #

## **Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**2nd Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: City: Postal:**

**Casting Information**

**Age: \_\_\_\_\_ Ht: \_\_\_\_ Wt: \_\_\_\_\_ Eyes: \_\_\_\_\_\_ Hair: \_\_\_\_\_\_\_ Availability:**

## **D.O.B**.( Under 18 yrs) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### COURSES/ WORKSHOPS

**Course (s) Day Course Dates Time(s) Tuition Fee**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Musical Theatre | Mondays | March 09 – April 13 | 630-9 pm | 275 |

## **Admin fee applicable for payment installments**

**Admin Fee / Discount Total amount**

|  |  |
| --- | --- |
|  | **275.00** |

Payments Methods Payable to the Order JOSA MAULE

E-mail transfer, Paypal, Cash, or Cheques,

#### Payment dates Amount Due Amount paid Balance due Initials

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Receipt by Email: Client/Student are** **responsible for attendance and payments of their courses.** Amount is non-refundable once courses begin, but maybe credited towards courses up to a period of one year. **Refund Policy:** Cancellation must be given 10 days prior to commencement of courses for full refund. **Payment Instalments:** all payments must be received prior to the end course date stated above. **\*10.00 charge for NSF cheques.** **Late Payment Penalty Fee:** $25.00 added to due balance.

Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

JOSA MAULE (MSOPA): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**APPLICABLE FOR YOUNG ACTORS WORKSHOP**

**Parent Name (s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_ ­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent Name (s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**