

Online Registration Workshop Location

870 Richmond Square, Montreal, QC H3J 1V7

Phone: 514-483-5526 Email: info@msopa.com

Date:									
Name:		F	Phone:						
2 nd Phone:	Ema	Email:							
Address:		Ci	City:			Postal:			
Casting Information									
Age: Ht:	Ht: Wt: Eye		Hair: Availab		ilabil	ity:			
D.O.B .(Under 18 yrs)									
COURSES/ WORKSHOPS									
Course (s)	Day		Course Dat	toe	-	Timo(e)	т.	ıition Fee	
TEEN	Day Saturdays		Course Dates March 28- June 06					50.00	1
WORKSHOP									
			-Disco	ount/ pro-ra	ate		Tota	l amount	_
	350	350					350.00		
Payable to the Order: JOSA MAULE									
Payment methods: E-mail transfer, Paypal, Cheques or Cash									
Payment dates	Amount D	ue	Amount	paid	В	alance due	In	itials	
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 (MSOP	A):			_					
	APP	LICABLE FO	OR YOUNG A	ACTORS W	ORK	SHOP			
Parent Name (s):			Signature:						
Parent Name (s):		Signature:							