M.S.O.P.A
JOSA MAULE

Registration
ONLINE WORKSHOPS

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

Date: _____

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 with Marie Francis	Tues	**Nov 24-Dec 15**	@5-630pm	50.00

Total amount

Payable to the Order: **JOSA MAULE** **E-mail transfer: info@msopa.com** **or Paypal,**	**50.00**

Receipt by Email: Client/Student are responsible for attendance and payments of their course(s). 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 workshop date stated above.

Student Signature: _____

JOSA MAULE (MSOPA): _____

APPLICABLE FOR YOUNG ACTORS WORKSHOP

Parent Name (s): _____ **Signature:** _____ _____

Parent Name (s): _____ **Signature:** _____