

Registration ONLINE WORKSHOPS

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

Date:	 			
lame: Phone:				
2 nd Phone:	Em	ail:		
Address:	City:		Postal:	
Casting Information				
Age: Ht: Wt:	Eyes:	Hair: Availab	ility:	
D.O.B .(Under 18 yrs)				
COURSES/ WORKSHOPS				
Course (s)	Day	Course Dates	Time(s)	Tuition Fee
TEEN Actors' workshop	Saturdays	April 10- June 12	2-3:30 PM	150.00
		Total amount		
	S	SAVE 10%	135.00	
		er by Mar 20, 2021	Payable to the Order: JOSA MAULE E-mail transfer or Paypal	
Receipt by Email: Client/Student once courses begin, but maybe credays prior to commencement of codate stated above.	edited towards cours	ses up to a period of one year. R	efund Policy: Cance	llation must be given 10
Student Signature:				
JOSA MAULE (MSOPA):				
APPLICABLE FOR YOUNG ACTORS WORKSHOP				
Parent Name (s):	Signature:			
Parent Name (s):	Signature:			