



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
Just Scenes with Josa Maule	Mondays	Mar. 30-Apr. 20	5-630pm	60.00

Total amount	
Payable to the Order: JOSA MAULE E-mail transfer or Paypal,	60.00

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: _____