



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
FOUNDATION II	Tuesdays	Oct 19-Dec 07	7-9PM	175.00

Payable to the Order: JOSA MAULE E-mail transfer or Paypal,	Total amount 175.00
--	--------------------------------------

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: _____