

Registration ONLINE WORKSHOPS

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

| Date: | | | | | | |
|--|-----------------------------|---------------------|--|--------------|--------------|--|
| Name: Phone: | | | | | | |
| 2 nd Phone: Email: | | | | | | |
| Address: | City: | | | Postal: | | |
| Casting Information | | | | | | |
| Age: Ht: Wt: _ | Ht: | | ir: Availabil | ity: | | |
| D.O.B .(Under 18 yrs) | | | | | | |
| COURSES/ WORKSHOPS | | | | | | |
| Course (s) | Day | Co | ourse Dates | Time(s) | Tuition Fee | |
| Cold Reading Technique with Susan Bain | Tues& Thurs | May 10-May 19, 2022 | | 5:30-6:30 pm | 60.00 | |
| | | | | | Total amount | |
| | | | Payable to the Order: JOSA MAULE E-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): | Parent Name (s): Signature: | | | | | |