



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 |
|---------------------------------------|---------|--------------------------------------|---------|-------------|
| KIDS VOICE OVER with Kevin Steliga | Fridays | Mar. 17- Apr. 28 no class Apr. 07 | 6-7 pm | 90.00 |

Total amount

| | |
|--|--------------|
| Payable to the Order: JOSA MAULE E-transfer or Paypal, | 90.00 |
|--|--------------|

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: _____