

Registration IN STUDIO

2741 Notre Dame W, Mtl.,

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

| Date: | | | | | |
|--------------------------------------|------------|--------------|--|---------|------------|
| Name: Phone: | | | | | |
| ^d Phone: Email: | | | | | |
| Address: | City: | | Postal: | | |
| | Phone: | | | | |
| Age: Ht: Wt: | Eyes: | _ Ha | ir: Availabilit | ty: | |
| D.O.B .(Under 18 yrs) | | | | | |
| COURSES/ WORKSHOPS | | | | | |
| Course (s) | Dav | Course Dates | | Time(s) | Tuition Fe |
| MUSICAL THEATRE | | | | | |
| | | | E-mail transfer or Paypal, Payable to the Order: JOSA MAULE Ince and payments of their course(s). | | 420.00 |
| | | | | | |
| Student Signature: | | | | | |
| JOSA MAULE (MSOPA): | | | | | |
| APPLICABLE FOR YOUNG ACTORS WORKSHOP | | | | | |
| Parent Name (s): | | | Signature: | | |
| Parent Name (s): | Signature: | | | | |
| | | | | | |