

## Registration @Tyndale 870 Sq. Richmond, Mtl.

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

Date:					
Name:		none:			
e <sup>nd</sup> Phone: Ema		:			
Address:	Cit	ity: Postal:			
Casting Information					
Age: Ht: Wt:	_ Eyes:	Hair: Availat	oility:		
D.O.B.( Under 18 yrs)					
COURSES/ WORKSHOPS					
Course (s) D	ay	Course Dates	Time(s)	Tuition Fee	
CHILDREN Actors' workshop Sate	urdays	Sept. 23- Nov 25, 202	3 11:30- 12:30 PM	400.00	
		NO CLASS Oct. 07, 2023	3		
Total amount					
	Register before Aug. 15 SAVE 10%		360.00		
			Payable to the Order:		
			JOSA MAULE E-mail transfer or Paypal		
				гаура	

**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): Josa Maule				
APPLICABLE FOR YOUNG ACTORS WORKSHOP				
Parent Name (s):	Signature:			
Parent Name (s):	Signature:			