



Registration Form

LOCATION: 2741 Notre Dame W. Mtl., H3J 1N9

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 |
|-----------------------------------|-----------|------------------------|------------|-------------|
| IMPROV Comedy with Terence Bowman | Thursdays | Sept 21 – Oct 12, 2023 | @7-9:00 pm | 175.00 |

Total amount

| | |
|----------------------------------|---------------|
| Payable to the Order: JOSA MAULE | 175.00 |
| E-transfer or PayPal, | |

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: _____