



Registration

ONLINE: ZOOM

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)	Course Days	Course Dates	Time(s)	Fee
VOICE OVER1	TUESDAYS	Sept 26-Oct 17	7-830	\$100.00

Total amount	100.00
Payments Payable by E-mail transfer or Paypal JOSA MAULE info@msopa.com	

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: _____