



RE- Registration

ONLINE: ZOOM

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

Date: _____

Name: _____

Phone: _____

2nd Phone: _____

Email: _____

COURSES/ WORKSHOPS

Course (s)	Course Days	Course Dates	Time(s)	Fee
VOICE OVER 2	TUESDAYS	Nov 07-Nov 28	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: _____