



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

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

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

2<sup>nd</sup> 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 |
|---------------------------|-----------|------------------------|-----------|-------------|
| TEENS<br>Actors' workshop | Saturdays | Sept. 23- Nov 25, 2023 | 1-3:00 PM | 400.00      |

**NO CLASS Oct. 07, 2023**

**Total amount**

|   |           |
|---|-----------|
| Payable to the Order:<br><b>JOSA MAULE</b><br>E-mail transfer or Paypal | \$400. 00 |
|---|-----------|

**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: \_\_\_\_\_