



# Registration Form

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

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
<b>Audition on Camera</b>	<b>Thursdays</b>	<b>Nov 08- Dec 06, 2023</b>	<b>@7-9:30 pm</b>	<b>300.00</b>

### Total amount

Payable to the Order: JOSA MAULE E-transfer or PayPal,	<b>300.00</b>
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**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: \_\_\_\_\_