



Registration Form

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

JOSA MAULE

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 |
|--------------|------------|----------------------|-----------|-------------|
| FOUNDATION 1 | Wednesdays | Feb 14- Mar 20, 2024 | @7-930 pm | 360.00 |

| | |
|---------------------------|---------------------|
| | Total amount |
| pro -rated - \$100 | 360.00 |
| Payable to the Order: | |
| JOSA MAULE | |
| E-ransfer: 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 _____