



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

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

**JOSA MAULE**

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
CHILDREN Actors' workshop	Saturdays	April 06- June 15,2024	11:30- 12:30 PM	415.00

**NO CLASS May 18, 2024**

**Total amount**

10 weeks for the price of 9	<b>\$415.00</b> Payable to the Order: <b>JOSA MAULE</b> E-mail transfer or Paypal
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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): *Josa Maule*

**APPLICABLE FOR YOUNG ACTORS WORKSHOP**

Parent Name (s): \_\_\_\_\_

Signature: \_\_\_\_\_

Parent Name (s): \_\_\_\_\_

Signature: \_\_\_\_\_