

## 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: _	Availab	ility:	
<b>D.O.B</b> .( Under 18 yrs)					
COURSES/ WORKSHOPS					
Course (s)	Day	Cours	e Dates	Time(s)	Tuition Fee
TEENS Actors' workshop Sat	turdays	Apr. 20	Jun,15, 2024	1-3:30 PM	415.00
NO CLASS May 18, 2024					
Total amount					
	Payable to the Order: <b>JOSA MAULE</b> E-mail transfer or Paypal			\$415. 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):

## APPLICABLE FOR YOUNG ACTORS WORKSHOP

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

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