



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

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 |
|---------------------------|-----------|---------------------|-----------|-------------|
| TEENS Actors' workshop | Saturdays | Feb.03-Mar 30, 2024 | 1-3:00 PM | 415.00 |

Total amount

| | |
|---|-----------------|
| Payable to the Order: JOSA MAULE 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): Josa Maule

APPLICABLE FOR YOUNG ACTORS WORKSHOP

Parent Name (s): _____

Signature: _____