



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	July 24- Aug. 28	@7-930 pm	360.00

Total amount

360.00

Payable to the Order: JOSA MAULE E-ransfer: info@msopa.com
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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 _____