

Registration Form

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

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

Name: Phone:	Date:				
Casting Information Age: Ht: Wt: Eyes: Hair: Availability: D.O.B.(Under 18 yrs) COURSES/ WORKSHOPS Course (s)	Name:	me: Phone:			
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 Thursdays Sept26-Oct.17 @1-330 pm 360.00 Total amoun Payable to the Order: 360.00 Payable to the Order: 360.00 Payable to the Order: 360.00 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 1/1 days prior to commencement of courses for full refund. Payment Instalments: all payments must be received prior to the workshold date stated above. Student Signature: JOSA MAULE (MSOPA):	2 nd Phone:	En	nail:		
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	JOSA MAULE (MSOPA): _				
Parent Name (s): Signature:		APPLICABLE	FOR YOUNG ACTORS WO	PRKSHOP	
	Parent Name (s):		Signature:		
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