



Registration
2741 Notre Dame W., Mt. QC. H3J 1N9

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

JOSA MAULE

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
CHILDREN Actors' workshop	Saturdays	Sept 28-Dec 07	10:00- 12:00 PM	415.00

NO CLASS Thanksgiving weekend

Total amount

Save 10 % register before Sept. 01	\$373.00 Payable to the Order: JOSA MAULE E-mail transfer or Paypal
---------------------------------------	--

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: _____