

## **Registration Form**

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

JOSA MAULE	Phone:	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: A	vailabili	ty:			
<b>D.O.B</b> .( Under 18 yrs)	_						
COURSES/ WORKSHOPS							
Course (s)	Day	Course Dates		Time(s)	Tuition Fe	ee	
Online JUST SCENES	Fridays	Nov. 22-Dec. 13,	, 2024	7- 8:30 pm	120	.00	
					Total a	amount	
			Payable to the Order: JOSA MAULE <b>E-transfer</b> or PayPal,		120.00		
Receipt by Email: Client/Student once courses begin, but maybe credays prior to commencement of codate stated above.	edited towards cou	rses up to a period of one	year. Ref	und Policy: Cance	ellation must be	given 10	
Student Signature:							
JOSA MAULE (MSOPA):							