

## Registration

ONLINE: ZOOM

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

Address: City: Postal:    Casting Information	Date:		_				
Address: City: Postal:  Casting Information  Age: Ht: Wt.: Eyes: Hair: Availability:  D.O.B. (Under 18 yrs)  COURSES/ WORKSHOPS  Course (s)	Name:		Phone:				
Casting Information  Age: Ht: Wt.: Eyes: Hair: Availability:  D.O.B. (Under 18 yrs)  COURSES/ WORKSHOPS  Course (s)	2 <sup>nd</sup> Phone:		Email:				
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Course (s)	Age: Ht:	_ Wt.: E	yes: Hair:	Availab	ility:		
Course (s)	<b>D.O.B</b> . (Under 18 yrs)						
VOICE OVER1   Wednesdays   Oct. 09-Oct. 30, 2024   7-830   \$120.00    Total amount Payments Payable by E-mail transfer or Paypal JOSA MAULE info@msopa.com    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):  APPLICABLE FOR YOUNG ACTORS WORKSHOP  Parent Name (s):  Signature:  Signature:  Signature:	COURSES/ WORKSHOPS						
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