



335 W. Mifflin St. | Madison, WI 53703  
 p: (608) 238-8085 | fax: (608) 233-3431  
 www.madisonopera.org

# Student Matinee Order Form 2015-16 Season

### RESERVATIONS

To reserve your seats, please fill out the form below. In order to confirm your seats, Madison Opera must receive payment by the appropriate deadline date(s). Checks should be made payable to Madison Opera and mailed to:

**Patron Services, The Madison Opera Center, 335 W. Mifflin St., Madison, WI 53703**

### CONTACT INFORMATION:

Name of School: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Position: \_\_\_\_\_

Address of School: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Signature: \_\_\_\_\_

### ORDER DETAILS:

*\*Tickets are \$5 for students and chaperones. Suggested ratio is at least one teacher for every 20 students. Limited subsidies are available upon request and calculated by the school's Free & Reduced Lunch Program participation. Seating is assigned on a first come, first serve basis; tickets are non-refundable.*

*\*\*Madison Opera does not provide lunches for students and staff. We suggest schools eat lunch on the way to the performance or afterwards in designated seating areas in Overture's lobby.*

- **La Bohème** | Wednesday, November 11, 2015 at 11am | deadline to reserve: October 23, 2015

\_\_\_\_\_ Number of Students + \_\_\_\_\_ Number of Chaperones = \_\_\_\_\_ Total Attendees x \$5.00\* = \$ \_\_\_\_\_ **[Total Due]**  
 \_\_\_\_\_ Number of Buses \_\_\_\_\_ Staying for lunch\*\* (Y/N)

- **Little Women** | Wednesday, February 3, 2016 at 11am | deadline to reserve: January 15, 2016

\_\_\_\_\_ Number of Students + \_\_\_\_\_ Number of Chaperones = \_\_\_\_\_ Total Attendees x \$5.00\* = \$ \_\_\_\_\_ **[Total Due]**  
 \_\_\_\_\_ Number of Buses \_\_\_\_\_ Staying for lunch\*\* (Y/N)

Check Enclosed       Check will be sent by \_\_\_\_\_ (date)

I would like to pay by credit card

\_\_\_\_ Please contact me for the credit card information.

\_\_\_\_ Please charge the card below for the full amount due.

Circle one:      VISA                      MasterCard              American Express

Name on card: \_\_\_\_\_

Card number: \_\_\_\_\_

Exp: \_\_\_\_\_ CVV: \_\_\_\_\_ Authorized signature: \_\_\_\_\_

### ACCOMMODATIONS:

Please indicate the number in your group requiring these services. Madison Opera will contact you to confirm accommodations closer to the date of performance.

\_\_\_\_\_ Wheelchair accessible seating

\_\_\_\_\_ Companion seat(s) accompanying wheelchair(s)

\_\_\_\_\_ Low/Limited vision accommodation

\_\_\_\_\_ Assisted listening device

\_\_\_\_\_ Special emotional needs accommodation (seating near exit, special entry, etc.)

\_\_\_\_\_ Other (specify): \_\_\_\_\_

Office Use Only	
Form received:	_____
Check received:	_____
Check number:	_____
Seats reserved:	_____