



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

Carmen Student Matinee Order Form

Carmen | Wednesday, November 1, 2017 at 11am | Overture Hall, Overture Center for the Arts
 Reservation deadline: **October 6, 2017**

Please fill out this form to reserve your seats. **Payment is due by October 6, 2017**, otherwise your reservation is not considered confirmed. Checks should be made payable to Madison Opera and mailed to Patron Services, Madison Opera, 335 W. Mifflin St., Madison, WI 53703

Seating is assigned on a first-come, first-served basis; specific seating areas cannot be guaranteed.

Name of School: _____

Contact Person: _____ Position: _____

Address of School: _____ City/State/Zip: _____

Phone: _____ E-mail: _____

Signature: _____

Tickets are \$5 for students and chaperones. Suggested ratio is at least one chaperone for every 20 students. Limited subsidies are available upon request and are calculated based on the school's Free & Reduced Lunch Program participation. *Tickets are non-refundable.*

_____ Number of Students + _____ Number of Chaperones = _____ Total Attendees x \$5 = \$_____ **[Total Due]**

_____ Number of Buses _____ Staying for lunch* (Y/N)

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

- Check Enclosed
- Check will be sent by _____ (date). Check must be received by **October 6, 2017** in order to keep your reservation
- I would like to pay by credit card. 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: _____

ACCOMODATIONS:

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: _____