



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

Student Matinee Order Form 2016-17 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.*

- **The Magic Flute** | Wednesday, April 19, 2017 at 11am | deadline to reserve: April 5, 2017

_____ 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 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: _____