



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

# The Barber of Seville Student Matinee Order Form

**The Barber of Seville** | Wednesday, October 30, 2024 at 11am  
Overture Hall, Overture Center for the Arts | *Reservation deadline: **October 18, 2024***

Please fill out this form to reserve your seats. **Payment is due by October 18, 2024**, 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: \_\_\_\_\_

Student Grade Levels: \_\_\_\_\_

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

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

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

**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.*

**Note: No children under age 9 will be admitted.**

\_\_\_\_\_ 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 18, 2024** 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: \_\_\_\_\_

### 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): \_\_\_\_\_

<b>Office Use Only</b>
Form received: _____
Payment received: _____