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

Così fan tutte Student Matinee Order Form

Così fan tutte | Wednesday, April 22, 2026 at 11am
Overture Hall, Overture Center for the Arts | *Reservation deadline:* ***April 8, 2026***

Please fill out this form to reserve your seats. **Payment is due by April 8, 2026**, otherwise your reservation is not considered confirmed. Checks should be made payable to Madison Opera and mailed to 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 **April 8, 2026** 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: _____
Payment received: _____