LYRIC OPERA OF CHICAGO

LIKIC OPERA OF CHI	CAGO					
EDUCATO	OR AN	D SCHOOL INFO	RN	MATION		
School name:						
Title/subject a						
Contact email	(require	ed):				
			State: Zip code:			
Daytime phone:			_ Contact cell phone (required):			
ORDER IN	(FOR	MATION				
2015/16 Season Backstage Tour Dates Choose up to three dates in or						er of preference:
October 22, November 1 December 1	12, 17	January 15, 27, 28 February 9, 16 March 4, 8, 11, 16		1)		
				2)		
Detember	IV	Wiai Cii 4, 6, 11, 10		3)		
Earliest possib	ole arriv	al time:				
Latest possible	e depart	rure time:				
Do any of you	r studei	nts have accessibility nee	eds?	Yes □ No □		
If so, please lis	st accor	nmodations needed:				
Grade level(s)			_		<u>New!</u>	
# of Students			I wo		I wou	ld like to apply for a bus scholarship.
# of Chaperones			-		(Must be Chic students classi	ago Public Schools with over 51% of fied as low income.)
Total			X \$6.00		,	
	=\$			OTAL DUE		
DAVMENT	r ind	ORMATION				
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Credit card number:						Or Charge by Fax: 312-419-1977
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