



## TICKET EXCHANGE REQUEST FORM

This form, along with your ticket(s) and exchange fee (if applicable), must be received in our office at least 5 days prior to the performance date shown on your ticket(s).

■ Online: lyricopera.org/exchange

Signature (required for charge orders only)

- Phone exchanges: (312) 827-5600 Mon-Sat, 10am-5pm
- If mailing, kindly enclose a self-addressed, stamped envelope with your request and send to: Lyric Opera of Chicago, Attn: Ticket Exchange, 20 N. Wacker Drive, Suite 840, Chicago, Illinois 60606.
- If faxing, include a copy of your tickets and fax to: (312) 332-8120.

Name of subscriber if different from above				Account #  Home Phone  Business or Cell Phone (please circle)							
						City	State	Zip		E-mail Address	
						RETURN	IING TICKETS	RE	QUESTED TICKE	TS*	
Performance Date	Opera	1st Choice Date			Number of Tickets						
NOTE: Ticket exc	hanges are not always possil	ole in the case of so	d out performand	es	of Fickets						
If original seating section is unavailable, tickets will be exchanged for the corresponding value in an alternate section.				Total Number of Tickets							
				\$5Fee Per Ticket†							
*NOTE: Listing 3 date choices and checking the boxes below greatly improve our ability to accommodate your exchange request.				TOTAL AMOUNT							
☐ I will acc ☐ I will acc ☐ Please ch	tept higher-priced tickets – tept lower-priced tickets – tept single seats. tere exchange fee and/or and tickets are higher priced	if so, how low? \$	dit card below.	y.							
☐ Please re	If my exchange is not post turn my original tickets to cept my tickets as a donate	me.	to the notice.	change fee is waiv A, B, C, D, E or M Exchange fee alw Circle members	1A series with a !						
Payment Informat  CHECK  CHARG	or Money Order enclosed			go) r 🚨 American I	Express						
Account Number			Expirat	ion Date							