



Student Night at the Opera

Ticket Order Form

SALOME

Thursday, November 17, 2011
7:30 pm
Centennial Concert Hall

Teacher/Coordinator _____

School _____

School Mailing Address _____

City _____ Prov. _____ PC _____

Day Phone _____ Fax _____

NEW FOR 2011/1 2: ASSIGNED SEATING

Effective this season, there is no longer rush seating for Student Night at the Opera; all seating is assigned. Upon receipt of your ticket, just check for your seating. Seats will be filled on a first come, first served basis, so large groups are advised to place their orders early.

Tickets

Tickets and receipt will be mailed up to 10 days prior performance date. Tickets purchased after that date can be picked up at Manitoba Opera during regular office hours (9:30 am to 4:30 pm) or at the box office starting at 6:00 pm the evening of Student Night. *No refunds will be issued the week of the performance.*

Please arrive at least 20 minutes prior to performance.

Latecomers will be seated at the discretion of the ushers.

Concert Hall doors open @ 6:30 pm.

Portal doors open @ 7:00 pm.

Performance begins @ 7:30 pm.

**Please mail, fax, or email completed order form to:
Manitoba Opera**

1060 - 555 Main Street

Winnipeg, MB R3B 1C3

F: (204) 949-0377

E: balexander@manitobaopera.mb.ca

Or for further info, please contact:

Braden Alexander, Marketing Coordinator

T: (204) 942-7470

E: balexander@manitobaopera.mb.ca

For Office Use Only:

_____ # of Tickets

(In addition to order on _____ for _____ Tickets)

_____ Date of Order _____ of Mail out / PU

NOTES: _____

Do you require wheelchair seating? _____
(If so, please contact us with further information.)

TICKETS @ \$10.00 each

_____ # of students @ \$10.00 ea. \$ _____

_____ # of chaperones @ \$10.00 ea. \$ _____

_____ **TOTAL # TICKETS & AMOUNT** \$ _____

_____ **CD @ \$24.75 ea.** \$ _____

_____ **DVD @ \$48 ea.** \$ _____

PAYMENT

\$ _____ Cash

\$ _____ Cheque(s) payable to **Manitoba Opera**

\$ _____ Visa \$ _____ MasterCard \$ _____ AmEx

_____ Name as it appears on card

_____ Credit Card Number

_____ Expiry Date _____ / _____

_____ Signature _____