



Season Pass Order Form (please fill out completely)

Return this form with payment to:
 Opera in Focus • 3000 Central Road • Rolling Meadows, IL 60008
 Box Office Phone Number: 847-818-3220 ext. 186

Name: _____ Season Pass Effective Dates: _____

Address: _____

Phone: _____ Email: _____

		Name to appear on each season pass:
Adult: \$115	x _____ = \$ _____	
Senior: \$105	x _____ = \$ _____	
Child: \$65	x _____ = \$ _____	
Total = \$ _____		



Methods of Payment:

Checks made payable to *Opera in Focus*

____ MasterCard ____ Visa

Account Number: _____ Exp. Date: _____

Signature: _____

____ Check here if a self-addressed stamped envelope has been enclosed. (Passes will be held at the Box Office otherwise.)