

NZ OPERA *Kátya Kabanová*

Janáček

AUCKLAND SCHOOL GROUP BOOKING FORM — DRESS REHEARSAL

LIMITED SEATS AVAILABLE

| | | | |
|------------------|---|---------|--|
| ATTENDANCE DATE: | Thursday 14th September, 6.30pm (approx. 8.30pm finish) | | |
| VENUE: | ASB Theatre, Aotea Centre | | |
| NAME OF SCHOOL: | | | |
| ADDRESS: | | | |
| TELEPHONE: | | | |
| EMAIL: | | | |
| TEACHER CONTACT: | | MOBILE: | |
| TICKET PRICES: | \$10.00 per student | | |
| | \$10.00 per accompanying teacher (1 teacher per 10 students) | | |
| | \$25.00 per additional adult (limit of 2 additional adults per 10 students) | | |

| | | | |
|---|-----------------|----|----------|
| Number of student seats required at \$10.00 per seat | _____ | \$ | _____ |
| Number of accompanying teachers at \$10.00 per seat (1 teacher per 10 students) | _____ | \$ | _____ |
| Number of additional adults at \$25.00 per seat (limited to 2 for every 10 students) | _____ | \$ | _____ |
| | Transaction Fee | | \$5.00 |
| | TOTAL | | \$ _____ |

PLEASE SELECT PAYMENT TYPE:

Payment by cheque: Please send one cheque per booking form payable to 'New Zealand Opera'.
Post to: *Kátya Kabanová*, Dress Rehearsal, NZ Opera, PO Box 6478, Wellesley Street, Auckland 1141.

Payment by credit card:

| | | | |
|---------------------------|----------------------|-------------|-----|
| Card Type (please circle) | VISA MASTERCARD AMEX | Expiry Date | / / |
| Name on Card | | Signature | |
| Card No. | / / / | | |

Payment by Internet Banking: Account number 03-0252-0530542-08
Include your school name in the transaction (eg. NZ College)

Please scan, post or email this completed form to education@nzopera.co.nz - phone enquiries to 09 379 4068
For more information contact Joanne Cole, Head of Education at education@nzopera.co.nz

PLEASE NOTE THAT THERE WILL BE NO DOOR SALES AND NO REFUNDS
LATECOMERS WILL NOT BE ADMITTED UNTIL THE INTERVAL

Signed _____ Date _____