



Opera: Up Close & Personal Program Request Form

School: _____ School Telephone: _____

School District: _____ School Fax: _____

School Address: _____ School E-mail: _____

City, State, Zip: _____

Music Teacher: _____ Contact Person (if different): _____

Title/Position: _____ Address (if different): _____

City, State, Zip: _____

Telephone & E-mail address (if different): _____

A one-hour block of time needs to be reserved in the performance area for the 45-minute performance.

If the class size exceeds 50 students, a double performance must be booked. Schools requesting a double performance should list a two-hour time period.

1. Date _____

Time _____

2. Date _____

Time _____

Please return completed form to:

**Paula Winans, Education Department
Lyric Opera of Kansas City
1029 Central
Kansas City, MO 64105**

You may fax the form to:

816-471-0602

For further questions or information email pwinans@kcopera.org or call 816-471-4933, ext. 125.