



# Opera in the Classroom

## 2009-10 Application

Application deadline November 16, 2009

School name: \_\_\_\_\_

School address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

School phone: \_\_\_\_\_ School fax: \_\_\_\_\_

Chicago Neighborhood: \_\_\_\_\_

Name of teacher completing this form: \_\_\_\_\_

Subject taught: \_\_\_\_\_

Teacher's home or cell phone (optional): \_\_\_\_\_

Teacher's e-mail address: \_\_\_\_\_

Best time and method to reach teacher during the school day: \_\_\_\_\_

Number of classrooms participating (maximum of 2) \_\_\_\_\_

Number of students participating (maximum of 30) \_\_\_\_\_

Grade level of participating students (limited to grades 3-6) \_\_\_\_\_

Best time of year for the program (List three months.): \_\_\_\_\_

Best time of day for the program: \_\_\_\_\_

Have you had this program before? \_\_\_\_\_ If yes, when? \_\_\_\_\_

Do you have a preferred Lyric Opera docent? (Provide name.) \_\_\_\_\_

Signature of school principal: \_\_\_\_\_

Please fill out this form and return it to:

Education Department,  
Lyric Opera of Chicago  
20 N. Wacker Drive, Suite 860,  
Chicago, IL 60606  
FAX: 312-419-1977

You will be contacted by an Education Department staff member for program requirements and scheduling.

*While there is no charge for this program, a donation of \$100 would be appreciated to help defray costs. The ability to pay in no way affects the selection process. Please do not send money with this application. Contributions should be sent after your school has received the program.*

