

# Teen Opera Circle

## Interest Form – 2009-10

Exclusively for Chicago Public Schools

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

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

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

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

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

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

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

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

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

Number of students participating: \_\_\_\_\_

Grade level of participating students (limited to grades 9-12): \_\_\_\_\_

Have you participated in Teen Opera Circle in the past?

Yes

No

If yes, when? \_\_\_\_\_

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  
Phone: (312) 827-5912

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

