

A Taste of Opera 2010 Booking Form

Select from the following by ticking the appropriate boxes:

Around the world in 80 Operas -

- Monday May 31, Buonasera Restaurant
- Tuesday June 1, Buonasera Restaurant (m)
- Monday June 7, Feathers Hotel
- Friday June 11, Thomas Edmonds Opera Studio

Highlights of *The Pirates of Penzance* -

- Monday June 28, Feathers Hotel

Highlights of *La Boheme* -

- Monday October 11, Feathers Hotel
- Tuesday October 12, Feathers Hotel (m)
- Friday October 15, Thomas Edmonds Opera Studio
- Monday October 18, Italian Centre

Highlights of *Carmen* -

- Friday October 8, Thomas Edmonds Opera Studio

Highlights of *Così fan tutte* -

- Friday November 12, Thomas Edmonds Opera Studio
- Sunday November 14, Thomas Edmonds Opera Studio (m)
- Monday November 15, Feathers Hotel
- Tuesday November 16, Buonasera Restaurant

Pricing:

Feathers Hotel (Fully Catered)

No of Tickets: _____ @ \$68 _____ @ \$63 (Friends) Friends #: _____

Total: _____

Buonasera Restaurant (Fully Catered)

No of Tickets: _____ @ \$65 _____ @ \$60 (Friends) Friends #: _____

Total: _____

Italian Centre (Fully Catered)

No of Tickets: _____ @ \$65 _____ @ \$60 (Friends) Friends #: _____

Total: _____

Thomas Edmonds Opera Studio (BYO)

No of Tickets: _____ @ \$30 _____ @ \$25 (Friends) Friends #: _____

Total: _____

Payment Details:

Mail to:

A Taste of Opera
C/o Adelaide Symphony Orchestra
91 Hindley St, Adelaide SA 5000
Ph: 0416 870 266
Email: cooperafriends@aso.com.au

I/We enclose a cheque or money order for the sum of \$_____ made payable to Co-Opera Inc. Please debit my credit card in favour of Co-Opera Inc.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Card type: Mastercard or Visa only please Expiry ___/___
Name on card: _____
Signature: _____

Contact Details:

Name: _____
Phone: _____ Mobile: _____
Address: _____
