Full name: _____

Passport: series, number: _____Issuing body, date and location of issue:_____

_____

Registered address _____

Contact telephone number_____e-mail _____

APPLICATION
to return tickets purchased at the theatre box office

No. of tickets _____

Event Name _____

Event Date_____ 20_____ Time:_____

Seat Number_____

Total ticket price_____

If tickets are returned more than ten days before the performance, and a favourable decision on the return is reached, I confirm that:
- for tickets purchased for cash: I will receive the refund amount and a receipt for the refund.
- for tickets purchased by card: I will receive a receipt for the refund and a card transaction receipt.

I acknowledge that I am responsible for the accuracy of the details specified for the transfer of funds.

I acknowledge that if the ticket is returned no later than ten days before the event, the theatre will refund 100% of the ticket price; when the ticket is returned less than ten days in advance, but no later than five days before the event, the theatre will refund 50% of the ticket price; when the ticket is returned less than five days in advance, but no later than three days before the event, the theatre will refund 30% of the ticket price;

less than three days before the event, tickets are non-refundable.

I agree that the Mikhailovsky Theatre may, for a period of 5 (five) years, process the personal data provided: full name, passport data, including passport registration data, registered address, contact phone number, and bank card (bank account) details. Personal data is provided for the purpose of enabling the theatre to consider whether it can refund me the money for the ticket I am returning. The list of actions involving processing of personal data to which I consent includes: collection, recording, systematization, accumulation, storage, use, transfer, deletion, and destruction of personal data with the use of automation tools, without the use of automation tools, or through a combination of the two. Personal data is destroyed following expiration of the established storage period for the relevant documents.

Applicant's signature: _____ / _____
                                      (signature)   (print name)

For the cashier:

Series and numbers of attached tickets:_____

_____

Refund amount (in words):_____

_____

Refund decision (**underline as applicable**): accepted / denied

Reason for denial (**underline as applicable**): incomplete set of documents / less than 3 days before the performance /

tickets purchased as part of a special offer / tickets are invalid / other

Application acceptance date _____ 20 _____ , time: _____   _____

Cashier's signature: _____ / _____
                                   (signature)   (print name)