



Full name:					
Passport: series, number: _	Issuing body,	date and locat	ion of issue:		
Registered address					
Contact telephone number		e-mail			
	to return tickets purchased	LICATION on the theatre (hailovsky.ru	's official webs	site	
No. of tickets					
Event Name					
Event Date	20	Ti	me:		
Order Number					
Seat Number					
I acknowledge that if the ticket is returned no five days before the event, the theatre will refi the ticket price; less than three days before the event, tickets I agree that the Mikhailovsky Theatre may, fo number, and bank card (bank account) detail: involving processing of personal data to wh	ccuracy of the details specified for the transfer of fund later than ten days before the event, the theatre will re und 50% of the ticket price; when the ticket is returned are non-refundable. r a period of 5 (five) years, process the personal data s. Personal data is provided for the purpose of enablinich I consent includes: collection, recording, system on tools, or through a combination of the two. Personal	efund 100% of the ticket pri I less than five days in adv provided: full name, passp g the theatre to consider w atization, accumulation, st	ance, but no later than three of ort data, including passport hether it can refund me the m orage, use, transfer, deletior	days before the event, the the registration data, registered loney for the ticket I am retur n, and destruction of person	eatre will refund 30% of address, contact phone ning. The list of actions nal data with the use of
	Application date	20	, time:		
	Applio	cant's signature	(signature)	(print name)	