

Refund form

STAAT S -
B ALLETT
B ERLI N

Title | Date: _____

Please attach your ticket(s) to this form.

If you purchased your ticket(s) through a ticketing service (e.g. eventim.de), please contact them directly.

Name: _____

Address: _____

Phone: _____

E-mail: _____

Booking number (if available): _____

Ticket(s): Level: _____ Row: _____ Seat: _____ Price: _____

I would like a voucher for the value of the ticket(s).

I would like a refund:

IBAN: _____ BIC: _____

Your bank details are used only once and are not stored.

I waive a refund and donate the purchase price to the health programme of the Staatsballett Berlin.

Date | Signature: _____

Date: _____

Confirmation of receipt of ___ ticket(s) for _____ on _____
for reimbursement of the above amount:

Level: _____ Row: _____ Seat: _____ Price: _____ Ticket office: _____

Stiftung Oper in Berlin | Staatsballett Berlin

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tickets@staatsballett-berlin.de | Ticket service: +49 (0)30 20 60 92 630

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