



To **Ms Irina Deligach**,
General Director of the
St Petersburg State Cultural budget Institution
«The St Petersburg State Academic Mussorgsky
Opera and Ballet Theatre – Mikhailovsky Theatre»

From _____
name (last, first, middle)

Passport: number, series _____ issued by (when and where): _____

Permanent address: _____

_____ Telephone number: _____

APPLICATION

I hereby ask to refund me for the amount I paid for _____ tickets
(number of tickets)

to the performance _____,

date of performance _____ 20_____

The tickets were purchased at the official website of the Mikhailovsky Theatre
www.mikhailovsky.ru

Order number _____

Seat(s) _____

Reason for returning tickets _____

I'm notified that the patron is entitled to:

a 100% refund of the ticket price if the ticket is returned at least ten days before the performance;

a 50% refund of the ticket price if the ticket is returned five to ten days before the performance;

a 30% refund of the ticket price if the ticket is returned three to five days before the performance.

tickets may not be returned within three days before the performance (no refund will be given).

Date of refund: _____ 20_____

Signature of applicant: _____ / _____
(full name)

All fields are required to fill