

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			
110111	name (last, first, middle)		
Passport: number, series	, ,	,	
Permanent address:			
	Telepho	one number:	
	APPLICATION		
I hereby ask to refund me for t	he amount I paid for	(number of ticket	tickets
to the perfomance			,
date of perfomance		20	
The tickets were purchased awww.mikhailovsky.ru	at the official website of	f the Mikhailo	vsky Theatre
Order number			
Seat(s)			
Reason for returning tickets			· · · · · · · · · · · · · · · · · · ·
I do not object to taking into accou	int actually incured theatre cos	sts -2,3 %	
	Date of refund	:	20
	Signature of applicant:	/	
	_ **		(full name)