

Refund of your tickets



Please send us this form together with your original tickets by mail.

OPER LEIPZIG

Besucherservice
Augustusplatz 12
04109 Leipzig

This area is filled in by the Oper Leipzig

sachliche Richtigkeit geprüft (Datum, Unterschrift)

zur Zahlung angewiesen (Datum, Unterschrift)

Name _____

Street, number _____

Postcode, city _____

Phone _____ E-Mail _____

Customer number _____ Order number _____

Total amount in Euro _____

☐

I would like a refund by **VOUCHER** to the value of the ticket price.

☐

I would like to **DONATE** the ticket price to support the children and youth work of the Oper Leipzig.

By waiving a refund of the ticket price, I help to minimize the financial losses. For all non-refunded amounts I will receive a donation receipt. With my donation I agree to the acceptance of the donation by the city council in a public meeting. A donation receipt can only be issued after approval by the city council.

☐

I would like the ticket price to be **REFUNDED** by bank transfer to the following account:

Account holder _____

Account / IBAN _____

Bank _____ BIC _____

The details of your bank account are for one-time use only and are NOT stored.

Date, Signature

Please enclose your original ticket with this form!