

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 _____

Reason for refund _____ 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. By donating the ticket price you help us to minimize the financial losses. We will issue you with a donation receipt.
With my donation I agree to the acceptance of the donation by the city council in a public session. A donation receipt can only be issued after approval by the city council.

I would like the tickets to be exchanged for an **ALTERNATIVE PERFORMANCE DATE**.

Performance _____

Date _____ Number of tickets _____ Seating category _____

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.

_____ **Please enclose your original ticket with this form!**

Date, Signature