

## REQUEST FORM FOR SCHOOLS

SCHOOL \_\_\_\_\_

HEADMASTER'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

POSTCODE \_\_\_\_\_ CITY \_\_\_\_\_

CLASS \_\_\_\_\_ SECT. \_\_\_\_\_

TEL. \_\_\_\_\_ E-MAIL \_\_\_\_\_

NUMBER OF STUDENTS: \_\_\_\_\_

VISIT FOR THE DAY: \_\_\_\_\_ VISIT START TIME: \_\_\_\_\_

Visitation is permitted from 11:00 a.m. to 11:45 a.m. and from 12:00 p.m. to 12:45 p.m.

STUDENT ADMISSION €2.00.

FREE ADMISSION FOR ACCOMPANYING TEACHERS.

**Payment is only possible by POS.**

NAME OF ACCOMPANYING TEACHER: \_\_\_\_\_

MOBILE PHONE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

VISIT REQUESTS MUST BE RECEIVED AT LEAST 7 DAYS IN ADVANCE AND WILL BE CONFIRMED BY EMAIL BASED ON THE THEATRE AVAILABILITY.

TICKETS CAN BE PURCHASED AT THE THEATRE BOX OFFICE AT LEAST 10 MINUTES BEFORE THE VISIT (telephone number 089-662141).

SIGNATURE OF THE MANAGER

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