



THEATRE SPACE
FOUNDATION LTD

(Staff Only 職員專用)

退票號碼:
收到日期:

劇場空間基金有限公司

Theatre Space Foundation Limited

《雙城紀失》門票退款申請表格

Twin Cities Chronicles Refund Application Form

| | |
|----------------------|---|
| 申請者姓名 | 支票抬頭姓名 |
| Name of Patron | Name of Payee |
| 身份證明文件 | _____ |
| ID document No. | — — — — (首 4 碼 First 4 digit) |
| 郵寄地址 | _____ |
| Mailing Address | _____ |
| 日間聯絡電話 | 手提電話 |
| Daytime contact No. | Mobile No. |
| 電郵地址 | _____ |
| Email Address | _____ |
| 購票途徑 | <input type="checkbox"/> Urbtix <input type="checkbox"/> Art-mate <input type="checkbox"/> Timable <input type="checkbox"/> 其他 Others : _____ |
| Way of Purchase | |
| 退票數量 | _____ |
| No. of return ticket | _____ |
| 退票總值 | \$ _____ |
| Total Refund Amount | _____ |

觀眾請填妥表格連同完整門票正本或網上購票記錄(只適用於 Art-mate 及 Timable 優先售票),於 2017 年 11 月 15 日或之前(以郵戳為準)郵寄至劇場空間辦理門票退款手續,來郵請註明「《雙城紀失》退票申請」。

Please return the **completed refund form** with the **original intact ticket(s) with stubs** and/or **full confirmation email records** (only applicable to Art-mate and Timable buyers) **by post on or before 15 November 2017** to the following address (Please specify 'Twin Cities Chronicles Refund Application') :

郵寄地址：九龍新蒲崗五芳街 27-29 號永濟工業大廈 7C

Mailing address: 7C, Wing Chai Industrial Building, 27-29 Ng Fong Street, San Po Kong, KLN



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本團將於收到表格後以電話確認，逾期恕不受理。

Applicant will receive a phone confirmation, late application will not be accepted.

為防郵遞失誤，請複印有關門票副本以作紀錄。

To avoid unsuccessful delivery, please copy the completed form and original ticket(s) for your reference.

所有退款支票將於 2017 年 12 月 15 日之前寄出。

All refunded cheque will be send out before 15th December 2017.

簽署

日期

Signature _____

Date _____

如有任何查詢，請聯絡劇場空間

For any enquiry please contact Theatre Space

電話 Tel : 2540 1011 傳真 Fax : 2540 1144

電郵 Email : info@theatrespace.org