



Specimen revocation form

If you wish to revoke the contract, please fill out this form and return it to us.

Ticket Office - Berliner Festspiele
Schaperstraße 24
10719 Berlin
Fax +49 30 254 89-230
widerruf@kbb.eu

I/We (*) hereby revoke the contract that I/We (*) concluded to purchase the following goods (*)/the following service (*)

Ordered on (*)/received on (*)

Name of the consumer(s)

Address of the consumer(s)

Signature of the consumer(s) (only if notification is on paper)

Date

(*) Please delete as applicable.