

Offer for persons with disabilities

Order form



CONTACT DETAILS

RECIPIENT'S NAME FIRST NAME

ACCOMPANYING PERSON'S NAME AND FIRST NAME (OPTIONAL)

ADDRESS

ZIP / CITY E-MAIL

COUNTRY

MOBILE PHONE NUMBER

TYPE OF DISABILITY

- WHEELCHAIR
- I NEED A WHEELCHAIR AT VENUE
- ELECTRIC WHEELCHAIR
- I HAVE A HANDICAP PARKING PASS
(the parking places are subjected to availability / only with the handicap parking pass)

PAYMENT METHOD

- CREDIT CARD (SECURE LINK SENT BY E-MAIL)
- BANK TRANSFER (INVOICE SENT PER E-MAIL)

ORDER

DATE	CONCERT HALL	PRICE *	TOTAL
		TOTAL	

CONDITIONS : - Accompanying person with seated ticket only
- Tickets will only be secured upon receipt of the payment

COMMENT:

Please return this form at ticketinfo@mjf.ch