

BOOKING INQUIRY

KITAG CINEMAS EVENT PACKAGE – BOWLING TOURNAMENT

EVENT DETAILS

Event date: (please select 2 options)

1. _____ Number of guests: _____
2. _____

LOCATION

Cinebowling Muri b. Bern Cinebowling Biel

BILLING ADDRESS

Company:

Street / Number:

ZIP code / Location:

CONTACT PERSON FOR CINEMA VISIT

Title: Ms Mr

Surname / Name:

Email:

Office phone number

Mobile phone number*

**For questions on the day of the event*

Time of arrival on site
on day of the event

NOTES

Date:

Signature: _____

Please send the signed and completed form to ktmarketing@kitag.com.
We will check your request and contact you as soon as possible.