



K H Kala Soudha Booking Form

Group Name		
Contact person		
Address		
Contact Numbers		
Email ID		
URL		
Name of the presentation		
Date/s required		
Language		
Creator		
Director		
Duration of the performance		
Interval	YES:	NO:
Production details (Attach extra info if necessary)		
Production history (Attach extra info if necessary)		
For office use		
Date of advance received		
Receipt number		
Bookings on		
Ticket rates		

KH Kala Soudha

PS: Kindly check with the rules and regulations of use and get in touch with us for any further assistance.