KHKS Gallery 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		

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

KH Kala Soudha