

GROUP ORDER FORM



GROUP NAME AND CONTACT

MAILING ADDRESS

CITY, STATE, ZIP

DAYTIME PHONE NUMBER

EMAIL ADDRESS

Deadline for Group Orders - April 4, 2016. Orders placed after March 25, 2016 will be held at Will Call.

Minimum group order is 15 tickets.

Prices below reflect \$3.50 facility fee per ticket.

Group pricing not available for Front Row or VIP Seating.

Group discount available for below showtimes. Please place an X by desired show date/time.

- Wednesday, April 6 at 7:30 pm _____
- Thursday, April 7 at 7:30 pm _____
- Friday, April 8 at 10:30 am _____
- Friday, April 8 at 7:30 pm _____
- Saturday, April 9 at 11:30 am _____
- Saturday, April 9 at 3:30 pm _____
- Saturday, April 9 at 7:30 pm _____
- Sunday, April 10 at 1:30 pm _____
- Sunday, April 10 at 5:30 pm _____

# OF TICKETS _____	X	\$23.50	=	\$ _____
# OF TICKETS _____	X	\$19.50	=	\$ _____
		HANDLING FEE		\$5.00
TOTAL TICKETS _____		TOTAL		\$ _____

Do you require wheelchair accessible or limited mobility seating? YES NO

_____ # of Wheelchair Accessible seats _____ # of Limited Mobility seats

If ADA seats are not purchased with the group order, there is no guarantee that seats will be available on show day.

A maximum of 3 companion seats may be purchased with each wheelchair accessible or limited mobility seat while available.

_____ # of Wheelchair Accessible companion seats _____ # of Limited Mobility companion seats

For questions, please call 757-838-5650 ext. 68943 or email groupsales@hampton.gov

Out of state orders must be picked up at the Hampton Coliseum Box Office with photo ID and credit card.

Payment by Cash:

Bring order form to the Hampton Coliseum Box Office, Monday - Friday 10:00am - 5:00pm.

Payment by Money Order or Cashier's Check:

Mail payment along with order form to :
 Hampton Coliseum Box Office
 1000 Coliseum Drive
 Hampton, VA 23666

Payment by Credit Card (Mastercard or Visa): Fax Order to 757-838-1814

To confirm receipt of your fax and order call: 757-838-4203

Name on Card _____

Billing Address _____

Credit Card Number _____

Expiration Date _____

Phone Number of Card Holder _____

Signature of Card Holder _____