SCHOOL ORDER FORM

GROUP NAME AND CONTACT



| MAILING ADDRESS | | | | |
|---|------------------------------|--------------------------|------------------|---------------|
| CITY, STATE, ZIP | | | | |
| DAYTIME PHONE NUMBER | | | | |
| EMAIL ADDRESS | | | | |
| Deadline for School Orders - April 4, 2016 Prices below reflect \$3.50 facility fee per | • | h 25, 2016 will be hel | d at Will Call. | |
| Friday, April 8 at 10:30 am | | | | |
| | # OF TICKETS | X \$13.50 | = \$ | |
| | | HANDLING FEE | \$5.00 | |
| | TOTAL TICKETS | TOTAL | \$ | |
| Do you require wheelchair accessible or li | mited mobility seating? | YES | NO | |
| # of Wheelchair Accessible seats | , , | of Limited Mobility se | | |
| If ADA seats are not purchased with the S | | - | | w day. |
| | = | | | |
| A maximum of 3 companion seats may be | | | | niie availabi |
| # of Wheelchair Accessible compar | iion seats # c | of Limited iviobility co | impanion seats | |
| | | | | |
| For questions, please call 757-838-5650 e | = : | | | |
| Out of state orders must be picked up at Payment by Cash: | the Hampton Coliseum Box | Office with photo ID | and credit card. | |
| Bring order form to the Hampton Coliseur | n Box Office, Monday - Frida | ay 10:00am - 5:00pm. | | |
| Payment by Money Order or Cashier's Ch | eck: | | | |
| | Mail payment along with or | der form to : | | |
| | Hampton Coliseum Box Offi | | | |
| | 1000 Coliseum Drive | | | |
| | Hampton, VA 23666 | | | |
| Payment by Credit Card (Mastercard or V | • | -1814 | | |
| Name on Card | | | | |
| Billing Address | | | | |
| 5 g . | | | | |
| Credit Card Number | | | | |
| • | | | | |
| Phone Number of Card Holder | | | | |
| Signature of Card Holder | | | | |
| Places allow 49.72 hours for a | vedove to be proceed before | ro calling the Day Off | | |

Please allow 48-72 hours for orders to be processed before calling the Box Office.

To confirm receipt of your fax and order call: 757-838-4203. Receipts for group orders are printed with the tickets.