GROUP ORDER FORM



GROUP NAME AND CONTACT			
MAILING ADDRESS			
CITY, STATE, ZIP			
DAYTIME PHONE NUMBER			
EMAIL ADDRESS			
Deadline for Group Orders - September Minimum group order is 15 tickets. Prices below reflect \$3.50 facility fee pe Group pricing not available for Rinkside	er ticket. or Premium Seating.		
Group discount available for below sho	wtimes only. Please pla	ce an X by desired show o	date/time.
Thursday, September 24 at 7:30 pm Friday, September 25 at 10:30 am Friday, September 25 at 7:30 pm Saturday, September 26 at 11:00 am Saturday, September 26 at 3:00 pm Saturday, September 26 at 7:00 pm Sunday, September 27 at 1:00 pm Sunday, September 27 at 5:00 pm			
	# OF TICKETS	X \$23.50 X \$19.50	= \$ = \$
	# OF TICKETS	HANDLING FEE	\$5.00
	TOTAL TICKETS	TOTAL	\$
Do you require wheelchair accessible or # of Wheelchair Accessible seats If ADA seats are not purchased with the A maximum of 3 companion seats may be # of Wheelchair Accessible companions, please call 757-838-5650	e group order, there is not be purchased with each value anion seats	# of Limited Mobility so o guarantee that seats w wheelchair accessible or li # of Limited Mobility or	ill be available on show day. mited mobility seat while available.
Out of state orders must be picked up a	t the Hampton Coliseun	n Box Office with photo I	D and credit card.
Payment by Cash: Bring order form to the Hampton Coliseu	um Box Office. Mondav -	· Friday 10:00am - 5:00pm	1.
Payment by Money Order or Cashier's C	Mail payment along wit Hampton Coliseum Box 1000 Coliseum Drive		
	Hampton, VA 23666		
Payment by Credit Card (Mastercard or			7 000 4000
Name on Cond		our fax and order call: 75	7-838-4203
Billing Address			
Credit Card Number			
Expiration Date			
Phone Number of Card Holder Signature of Card Holder			