SCOUT GROUP ORDER FORM



GROUP NAME AND CONTACT					
MAILING ADDRESS					
CITY, STATE, ZIP					
DAYTIME PHONE NUMBER					
EMAIL ADDRESS					
Deadline for Scout Orders - September Prices below reflect \$3.50 facility fee po Scout pricing not available for Rinkside	er ticket.	fter Septembei	· 11, 201	.5 will be held at Will Call.	
Scout discount available for below show	wtimes only. Please place	an X by desired	l show d	late/time.	
Friday, September 25 at 7:30 pm Saturday, September 26 at 11:00 am Saturday, September 26 at 7:00 pm Sunday, September 27 at 1:00 pm Sunday, September 27 at 5:00 pm		# OF S	COUT P	ATCHES	
	# OF TICKETS			= \$	
		HANDLII	NG 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 comp	e group order, there is no be purchased with each wh	neelchair access	seats was ible or li	ill be available on show day.	ilable.
For questions, please call 757-838-5650 Out of state orders must be picked up a Payment by Cash: Bring order form to the Hampton Colise	t the Hampton Coliseum	Box Office with	photo I		
Payment by Money Order or Cashier's (Payment by Credit Card (Mastercard or	Mail payment along with Hampton Coliseum Box C 1000 Coliseum Drive Hampton, VA 23666	office 838-1814		57-838-4203	
Name on Card					
Billing Address					
Out die Out day out on					
Credit Card Number					
Phone Number of Card Holder					
Signature of Card Holder					