GROUP ORDER FORM



Sunday, November 1 at 4:00pm Hampton Coliseum

GROUP NAME AND CONTACT					
MAILING ADDRESS					
CITY, STATE, ZIP					
DAYTIME PHONE NUMBER					
EMAIL ADDRESS					
Deadline for Group Orders - October 2: Minimum group order is 10 tickets. Prices below reflect \$4.00 facility fee p Group pricing not available for VIP Sea	er ticket.				
	# OF TICKETS # OF TICKETS # OF TICKETS TOTAL TICKETS	X X X HA	\$48.00 \$32.00 \$24.00 NDLING FEE TOTAL	<u> </u>	
Do you require wheelchair accessible or # of Wheelchair Accessible seats If ADA seats are not purchased with th A maximum of 3 companion seats may # of Wheelchair Accessible comp	e group order, there is no be purchased with each w	# of Limite o guarantee heelchair a	ccessible or	vill be available on show day	
For questions, please call 757-838-5650 Out of state orders must be picked up Payment by Cash: Bring order form to the Hampton Colise	at the Hampton Coliseum	n Box Office	with photo		
Payment by Money Order or Cashier's Payment by Credit Card (Mastercard o	Mail payment along with Hampton Coliseum Box 0 1000 Coliseum Drive Hampton, VA 23666 r Visa): Fax Order to 757 To confirm receipt of yo	Office -838-1814 our fax and	order call: 7!		
Billing Address	•				
Out dis Out dis 1					
Credit Card Number	·				
Phone Number of Card Holder	·				

Signature of Card Holder