SCOUT 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 28 Prices below reflect \$4.00 facility fee poscout Clinic Included - 30 minutes befo		
	# OF TICKETS X \$19.00 = \$	
	HANDLING FEE \$5.00	
	TOTAL TICKETS TOTAL \$	
Do you require wheelchair accessible or # of Wheelchair Accessible seats	limited mobility seating? YES NO # of Limited Mobility seats	
	e group order, there is no guarantee that seats will be available on show day.	
	pe purchased with each wheelchair accessible or limited mobility seat while available.	
# of Wheelchair Accessible comp	vanion seats # of Limited Mobility companion seats	
Out of state orders must be picked up a Payment by Cash:	ext. 68943 or email groupsales@hampton.gov at the Hampton Coliseum Box Office with photo ID and credit card. um 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		
	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		