GROUP ORDER FORM



GROUP NAME AND CONTACT

MAILING ADDRESS

CITY, STATE, ZIP

DAYTIME PHONE NUMBER

EMAIL ADDRESS

Deadline for Group Orders - February 3, 2016. Orders placed after January 22, 2016 will be held at Will Call.

Minimum group order is 15 tickets.

Prices below reflect \$3.00 facility fee per ticket.

Group pricing not available for Gold Circle Seating.

Group discount available for below showtimes. Please place an X by desired show date/time.

Friday, Fabruary F at 7:20 pm		-	-	
Friday, February 5 at 7:30 pm Saturday, February 6 at 2:00 pm				
Saturday, February 6 at 2:00 pm				
	# OF TICKETS	X \$23.00	_	ć
# OF KII	TICKETS (Ages 2-12)			\$
	· · · · · ·	HANDLING FE		\$5.00
		ТОТА	L	\$
Do you require wheelchair accessible o	r limited mobility seating?	YES	5	NO
# of Wheelchair Accessible seats	s #	of Limited Mobility	/ sea	ıts
If ADA seats are not purchased with th	e group order, there is no g	uarantee that seats	will	be available on show day.
A maximum of 3 companion seats may	be purchased with each whe	eelchair accessible o	or lim	nited mobility seat while avail
# of Wheelchair Accessible com	panion seats #	of Limited Mobility	/ con	npanion seats
Out of state orders must be picked up Payment by Cash: Bring order form to the Hampton Colise				
Payment by Money Order or Cashier's	Check:			
	Mail payment along with o	order form to :		
	Hampton Coliseum Box Of	fice		
	1000 Coliseum Drive			
	Hampton, VA 23666			
Payment by Credit Card (Mastercard o	r Visa): Fax Order to 757-83	38-1814		
Name on Care	dt			
Billing Addres	-			
Credit Card Numbe	r			
Expiration Date	e			
Phone Number of Card Holde	r			
Signature of Card Holde				
Please allow 48-72 hours fo	r orders to be processed be	fore calling the Box	Offi	ice.

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