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, February 5 at 7:30 pm Saturday, February 6 at 2:00 pm Saturday, February 6 at 7:30 pm					
	# OF TICKETS	X \$23.00	= \$		
		HANDLING FEE	\$5.00		
	TOTAL TICKETS	TOTAL	\$		
Do you require wheelchair accessible or	limited mobility seating?	YES	NO		
# of Wheelchair Accessible seats	#0	of Limited Mobility se	eats		
If ADA seats are not purchased with the A maximum of 3 companion seats may b # of Wheelchair Accessible compa	e purchased with each whee	elchair accessible or li	mited mobility seat while available.		
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 Coliseu	t the Hampton Coliseum Bo	x Office with photo I			
Payment by Money Order or Cashier's C	heck:				
	Mail payment along with order form to :				
	Hampton Coliseum Box Office				
	1000 Coliseum Drive				
	Hampton, VA 23666				
Payment by Credit Card (Mastercard or	Visa): Fax Order to 757-83	8-1814			
	To confirm receipt of your	fax and order call: 75	7-838-4203		
Name on Card					
Credit Card Number					
Phone Number of Card Holder					
Signature of Card Holder					