GROUP ORDER FORM



GROUP NAME AND CONTACT

MAILING ADDRESS

CITY, STATE, ZIP

DAYTIME PHONE NUMBER

EMAIL ADDRESS

Deadline for Group Orders - March 4, 2016

Minimum group order is 15 tickets.

Prices below reflect a 20% savings per ticket plus additional \$4.00 facility fee per ticket. \$56.00 tickets are closer to the Bull Rink.

	# OF TICKETS	х	\$56.00	= \$		
	# OF TICKETS	х	\$40.00	= \$		
	# OF TICKETS	X	\$24.00	<u> </u>		
		HAN	DLING FEE	\$5.00)	
			TOTAL	\$		
Do you require wheelchair accessible o	limited mobility seating?	-	YES		_ NO	
# of Wheelchair Accessible seats	i	# of Limited	Mobility	seats		
If ADA seats are not purchased with th	e group order, there is no g	guarantee t	hat seats v	vill be av	ailable on show	day.
A maximum of 3 companion seats may	be purchased with each wh	neelchair ac	cessible or	limited r	nobility seat wh	ile available.
# of Wheelchair Accessible comp	oanion seats	# of Limited	Mobility	compani	on seats	
For questions, please call 757-838-5650	ext. 68943 or email group	sales@ham	pton.gov			
Out of state orders must be picked up a	at the Hampton Coliseum I	Box Office v	vith photo	ID and c	redit card.	
Payment by Cash:						
Bring order form to the Hampton Colise	um Box Office, Monday - F	riday 10:00	am - 5:00p	m.		
		,				
Payment by Money Order or Cashier's						
	Mail payment along with		to :			
	Hampton Coliseum Box O	office				
	1000 Coliseum Drive					
	Hampton, VA 23666					
Payment by Credit Card (Mastercard or	Visa): Fax Order to 757-8	838-1814				
	To confirm receipt of you	ir fax and o	r <mark>der call: 7</mark>	57-838-4	203	
Name on Card	I					
Billing Address						
	, <u> </u>					
Credit Card Number						
Expiration Date						
Phone Number of Card Holder						
Signature of Card Holder	r					