GROUP		



GROUP NAME AND CONTACT			
MAILING ADDRESS			
CITY, STATE, ZIP			
DAYTIME PHONE NUMBER			
EMAIL ADDRESS			
Deadline for Group Orders - February 16, 2024 a Tickets will be held at Will Call for orders placed Minimum group order is 10 tickets.		orders placed <u>before</u> February	y 9, 2024 by 4pm.
Prices below reflect \$4.50 facility fee per ticket. Group pricing not available for Premium Seating Group discount available for below showtimes	g.	y on a first come, first served	basis.
Please place an X by desired show date & time.			
Friday, February 23 at 8:00pm	_		
Saturday, February 24 at 7:00 pm	-		= <u>\$</u>
		X \$82.60 X \$65.00	- \$ = \$
	-		= \$
	_	X \$26.50	= \$
		HANDLING FEE	\$6.00
		TOTAL	\$
Do you require wheelchair accessible or limited	mobility seating?	YES	NO
# of Wheelchair Accessible seats		# of Limited Mobility se	
If ADA seats are not purchased with the group of A maximum of 3 companion seats may be purch			•
# of Wheelchair Accessible companion se	eats _	# of Limited Mobility co	ompanion seats
For questions, please call 757-838-5650 ext. 689 Out of state orders must be picked up at the Ha Group orders will be accepted by fax, ground m EMAILED GROUP ORDERS ARE NOT ACCEPTED. Payment by Cash: Bring order form to the Hampton Coliseum Box	umpton Coliseum Box Office with p nail, or in person at Hampton Colise	hoto ID and credit card. eum Box Office.	
Payment by Money Order or Cashier's Check:			
	Mail payment along with order for Hampton Coliseum Box Office 1000 Coliseum Drive Hampton, VA 23666	orm to :	
Payment by Credit Card (Mastercard or Visa):	Fax Order to 757-838-1814. EMAIL	ED GROUP ORDERS ARE NOT	ACCEPTED.
Name on Card	d		
Billing Address	s		
a lia la l	-		
Credit Card Numbe Expiration Date			
Phone Number of Card Holde	r		
Signature of Card Holde	r		