GROUP ORDER FORM (STUDENT DISCOUNTS)														
					-///mining									
).		SAT							
							18TH-2025 5PM-8P, 5PM-	×						
					"MISU	VIII	ERSTOOD	,,						
CPOLID NA	ME AND COL	NITA CT			TICKETS AVAIL	AMPTO	A COLISEUM "TICKETMASTER COM"							
GROUP INAI	ME AND COI	VIACI												
MAILING AI	DDRESS													
CITY, STATE,	, ZIP													
DAYTIME PHONE NUMBER														
EMAIL ADDRESS														
EIVIAIL ADD	TESS													
Deadline fo	r Group Ord	ers - October 14, 2025	5 at 12n	m.										
Orders must be picked up at the Hampton Coliseum Box Office by the person who made the group order. Must have your photo ID and credit card used for the order. EMAILED GROUP ORDERS ARE NOT ACCEPTED.														
Minimum group order is 20 tickets.														
		00 facility fee per tick	et.											
Group pricing not available for VIP Seating.														
Group disco	ected are	as. Please pl	ace	a check mark k	y de	sired show o	late/	time.						
Saturday O	ctober 18 at													
Saturday, O.		3 piii		-										
					Prices li	sted	below are avail	able v	while supplies	last.				
		# OF TICKETS				X	\$55.00	=	\$					
							Handling Fee		\$6.00					
							TOTAL		\$					
Do you requ	uire wheelch	air accessible or limite	d mobi	lity seatin	g?		YES		NO					
# of \	Wheelchair A	# of L	# of Limited Mobility seats											
		neral admission even	t, limite	ed ADA se					e first serve	basis	on day of show.			
		nion seats may be pur									•			
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,												
# of Wheelchair Accessible companion seats						# of Limited Mobility companion seats								
-	•	ll 757-838-5650 ext. 6			•									
		cepted by fax or groun							ED.					
Valid forms	of payment	: Cashier's check/Mor	ney Ord	er/Credit	Card - due a	long	with order for	rm.						
				Mail payı	nent along w	/ith (order form to :							
				Hampton	Coliseum Bo	ox O	ffice							
					iseum Drive									
				Hampton	, VA 23666									
Payment by Credit Card (Mastercard or Visa): Fax Order to 757-838-1814														
Signature of Card Holder														
	Name on Card													
	Billing Address													
		Dilling A	(33											
	Ph	none Number of Card	Holder											
		Credit Card N	umber											
		Expiratio												
	Prices are s	•			ours for orde	ers t	o be processed	l bef	ore calling th	е Во	x Office.			
		•		Prices are subject to change. Please allow 48-72 hours for orders to be processed before calling the Box Office. To confirm receipt of your fax and order call: 757-838-4203. Receipts for group orders are printed with the tickets.										