

**GROUP ORDER FORM**



**GROUP NAME AND CONTACT**

**MAILING ADDRESS**

**CITY, STATE, ZIP**

**DAYTIME PHONE NUMBER**

**EMAIL ADDRESS**

**Orders placed after August 19, 2016 will be held at Will Call.**

**Minimum group order is 12 tickets.**

**Prices below reflect \$4.50 facility fee per ticket.**

**Group pricing not available for Front Row Seating in select price levels.**

**Group discount available for below showtimes.**

**Please place an X by desired show date/time.**

- Wednesday, September 7 at 7:30 pm \_\_\_\_\_
- Thursday, September 8 at 7:30 pm \_\_\_\_\_
- Friday, September 9 at 7:30 pm \_\_\_\_\_
- Sunday, September 11 at 1:30 pm \_\_\_\_\_
- Sunday, September 11 at 5:00 pm \_\_\_\_\_

# OF TICKETS	_____ x	\$90.00 = \$
# OF TICKETS	_____ x	\$60.00 = \$
# OF TICKETS	_____ x	\$45.00 = \$
		<b>HANDLING FEE \$5.00</b>
<b>TOTAL TICKETS</b>	_____	<b>TOTAL \$</b> _____

Do you require wheelchair accessible or limited mobility seating? \_\_\_\_\_ YES \_\_\_\_\_ NO

\_\_\_\_\_ # of Wheelchair Accessible seat(s) \_\_\_\_\_ # of Limited Mobility seat(s)

**If ADA seats are not purchased with the group order, there is no guarantee that seats will be available on show day.**

Does your wheelchair accessible or limited mobility patron require a companion/attendant? \_\_\_\_\_ YES \_\_\_\_\_ NO

\_\_\_\_\_ # of Wheelchair Accessible companion/attendant seat(s) \_\_\_\_\_ # of Limited Mobility companion/attendant seat(s)

**Attendant seats must be purchased at the same time as the wheelchair accessible or limited mobility seat to accommodate the request.**

A maximum of 3 companion seats may be purchased with each wheelchair accessible or limited mobility seat while available.

For questions, please call 757-838-5650 ext. 68943 or email groupsales@hampton.gov

**Out of state orders must be picked up at the Hampton Coliseum Box Office with photo ID and credit card.**

**Payment by Cash:**

Bring order form to the Hampton Coliseum Box Office, Monday - Friday 10:00am - 5:00pm.

**Payment by Money Order or Cashier's Check:**

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 757-838-1814**

**Name on Card** \_\_\_\_\_

**Billing Address** \_\_\_\_\_

**Credit Card Number** \_\_\_\_\_

**Expiration Date** \_\_\_\_\_

**Phone Number of Card Holder** \_\_\_\_\_

**Signature of Card Holder** \_\_\_\_\_

**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.**