

**SCHOOL GROUP ORDER FORM**



**GROUP NAME AND CONTACT**

**MAILING ADDRESS**

**CITY, STATE, ZIP**

**DAYTIME PHONE NUMBER**

**EMAIL ADDRESS**

**Deadline for Group Orders - October 23, 2019. Tickets will be mailed for orders placed before October 14, 2019 by 5pm. Tickets will be held at Will Call for orders placed after October 14, 2019.**

**Minimum group order is 12 tickets.**

**Prices below reflect \$3.50 facility fee per ticket.**

**Group pricing not available for Premium Seating.**

**Group discount available for below showtimes in selected areas. Please place a check mark by desired show date/time.**

Friday, November 1 at 10:30 am \_\_\_\_\_

**Prices listed below are available while supplies last.**

# OF TICKETS _____	X	\$13.50	= \$ _____
		HANDLING FEE	\$5.00
		<b>TOTAL</b>	<b>\$ _____</b>

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

\_\_\_\_\_ # of Wheelchair Accessible seats      \_\_\_\_\_ # of Limited Mobility seats

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

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

\_\_\_\_\_ # of Wheelchair Accessible companion seats      \_\_\_\_\_ # of Limited Mobility companion seats

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.**

**Group orders will be accepted by fax, ground mail, or in person at Hampton Coliseum Box Office. Emailed group orders will not be accepted.**

**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**

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

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

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

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

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

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

**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.**