2024 HJMF Group Order Form

Total number of tickets <u>must be 45 or more</u> to receive the Group Rate. Deadline is June 7 at 12 noon.

Group orders are available only through Hampton Coliseum Box Office by fax or mail. **EMAIL & PHONE ORDERS WILL NOT BE ACCEPTED.**For questions, please call 757-838-5650 ext. 68943 or email groupsales@hampton.gov

ARTISTS SUBJECT TO CHANGE WITHOUT NOTICE **** PRICES REFLECT A \$5 DISCOUNT PLUS A FACILITY FEE ****
HIGHER PRICED TICKETS WILL BE SEATED CLOSER TO THE STAGE.

Friday, June 28, 2024 7:30 PM

KEM

Ledisi

Kingfish

Special EFX All-Stars

Saturday, June 29, 2024 7 PM

Boyz II Men

Coco Jones

Boney James

Kustom Made Band

Sunday, June 30, 2024 2 PM

John Batiste

Brian Culbertson

October London

The Fuzz Band

	TICKET QTY	GROUP RATE/ TICKET	TOTAL \$
Friday, June 28, 2024		\$128 / \$117 / \$106	
Saturday, June 29, 2024		\$128 / \$117 / \$106	
Sunday, June 30, 2024		\$128 / \$117 / \$106	
		Handling Fee	\$15.00
		GRAND TOTAL	



Orders are filled on a first come, first served basis while supplies last.

COLISEUM

www.hamptonjazzfestival.com

Please specify if requesting wheelchair accessible or limited mobility seating for anyone in your party. If you do not request ADA seating at the time the seats are ordered, you will not be able to add them at a later date.

of wheelchair accessible seats

of wheelchair accessible companion seats

of limited mobility seats

Payment: Faxed orders are accepted with credit card payment only. Mail orders must be paid by credit card, money order or cashier's check. No orders will be processed without payment.

of limited mobility companion seats

Emailed orders and phone orders will not be accepted

Mail to: Hampton Coliseum • Box Office 1000 Coliseum Drive • Hampton VA, 23666

oliseum	Dri	ve •	Ham	npton	VA,	2360
Fax: (7	757)	838	3-181	14		

Name of Group :			
Contact Person:			
Phone:			
Mailing Address:			
City:	_ State:	Zip:	
Email Address:			
Credit Card Payment: Visa	MasterCar	⁻ d	
Name on Card:			
Card #:	Exp. Date:		
Billing Address:			
City:	_ State:	_ Zip:	
Authorized Signature:		Date:	