

2025 HJMF Group Order Form

Total number of tickets must be 45 or more to receive the Group Rate. *Deadline is June 13 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 FACILITY FEE & TAXES*****
 HIGHER PRICED TICKETS WILL BE SEATED CLOSER TO THE STAGE.

**Friday, June 27, 2025
7:30 PM**

Anthony Hamilton
 PJ Morton
 Lucky Daye
 Lalah Hathaway

**Saturday, June 28, 2025
7 PM**

Keith Sweat
 SWV
 Maze Honoring Frankie Beverly—
 "The Legacy Band"
 Jeff Bradshaw & Maysa
 Mike Phillips

**Sunday, June 29, 2025
2 PM**

Patti LaBelle
 Gladys Knight
 Stephanie Mills
 Damien Escobar

TICKET QTY	GROUP RATE/ TICKET	TOTAL \$
Friday, June 27, 2025	\$155.45 / \$133.45 / \$122.45 / \$111.45 / \$94.95 / \$78.45	
Saturday, June 28, 2025	\$166.45 / \$144.45 / \$122.45 / \$111.45 / \$94.95 / \$78.45	
Sunday, June 29, 2025	\$188.73 / \$166.73 / \$139.23 / \$122.73 / \$104.03 / \$89.73	
Handling Fee		\$15.00
GRAND TOTAL		



HamptonJazzAndMusicFestival.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
- _____ # of limited mobility companion 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.

*****Emailed orders and phone orders will not be accepted*****

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

Fax: (757) 838-1814

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

Name of Group : _____

Contact Person: _____

Phone: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Credit Card Payment: ____ Visa ____ MasterCard

Name on Card: _____

Card #: _____ Exp. Date: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Authorized Signature: _____ Date: _____