## 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

**Keith Sweat** 

**SWV** 

Maze Honoring Frankie Beverly-"The Legacy Band"

Jeff Bradshaw & Maysa

Mike Phillips

## Sunday, June 29, 2025

Patti LaBelle

**Gladys Knight** 

Stephanie Mills

**Damien Escobar** 

Date:

	TICKET QTY	GROUP RATE/ TICKET	TOTAL \$
Friday, June 27, 2025		\$154.95 / \$132.95 / \$121.95 / \$110.95 / \$94.45 / \$77.95	
Saturday, June 28, 2025			
<b>Sunday,</b> June 29, 2025		\$188.23 / \$166.23 / \$138.73 / \$122.23 / \$100.23/ \$78.23	
	\$15.00		



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

HAMPTON	Name of Group :	: 		
COLISEUM				
HamptonJazzAndMusicFestival.com	Contact Ferson			
Please specify if requesting wheelchair accessible or	Phone:			
limited mobility seating for anyone in your party. If you <b>do not</b> request ADA seating at the time the seats are ordered, you <b>will not</b> be able to add them at a later date.	Mailing Address:			
# of wheelchair accessible seats	City:		_ State:	Zip:
# of wheelchair accessible companion seats	Email Address:			
# of limited mobility seats		Credit Card Payment: Visa	Master	Card
# of limited mobility companion seats	Name on Card:			
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	Card #:			Exp. Date:
processed without payment.  ***Emailed orders and phone orders will not be	Billing Address:_			
accepted***	City:		_ State:	Zip:
Mail to: Hampton Coliseum • Box Office				

Authorized Signature:\_

Fax: (757) 838-1814

1000 Coliseum Drive • Hampton VA, 23666

