

2026 HJMF Group Order Form

Total number of tickets must be 45 or more to receive the Group Rate. *Deadline is June 12 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. 84203 or email groupsales@hampton.gov

ARTISTS SUBJECT TO CHANGE WITHOUT NOTICE *****PRICES REFLECT A \$10 DISCOUNT PLUS FACILITY FEE & TAXES*****
 HIGHER PRICED TICKETS WILL BE SEATED CLOSER TO THE STAGE.

Friday, June 26, 2026
7:30 PM

Lil' Mo
 Next
 702
 Dru Hill
 Jagged Edge

Saturday, June 27, 2026
7 PM

Marcus Anderson
 Pokey Bear
 Tonio Armani
 Jodeci
 Kirk Franklin

Sunday, June 28, 2026
2 PM

Marion Meadows & Alex Bugnon
 El DeBarge
 Isley Brothers
 Charlie Wilson

TICKET QTY		GROUP RATE/ TICKET	TOTAL \$
Friday, June 26, 2026		\$147.45 / \$125.45 / \$114.45 / \$103.45 / \$86.95 / \$70.45	
Saturday, June 27, 2026		\$158.45 / \$136.45 / \$114.45 / \$103.45 / \$86.95 / \$70.45	
Sunday, June 28, 2026		\$180.73 / \$158.45 / \$131.23 / \$114.73 / \$92.73 / \$70.73	
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: _____