GROUP ORDER FORM (DISCOUNT TICKETS)



GROUP NAME AND CONTACT						
MAILING ADDRESS						
CITY, STATE, ZIP						
DAYTIME PHONE NUMBER						
EMAIL ADDRESS						
Deadline for Group Orders - February 16, 2024: Tickets will be held at Will Call for orders placed Minimum group order is 10 tickets. Prices below reflect \$4.50 facility fee per ticket. Group pricing not available for Premium Seatin	d <u>after</u> February 9, 20		nailed for	ord	lers placed <u>before</u>	February 9, 2024 by 4pm.
Group discount available for below showtimes	in selected areas. Ple	ase pla	ice an X by	y de	esired show date/t	ime.
Friday, March 1 at 7:00pm Saturday, March 2 at 3:00pm Saturday, March 2 at 7:00 pm Sunday, March 3 at 5:00 pm	Prices listed	below :	are availabl	le w	rhile supplies last.	
# O	F TICKETS				\$	
	F TICKETS				\$	
# O	F TICKETS	x			\$	
# O	F TICKETS	x	\$56.50	=	\$	
# O	F TICKETS	x	\$51.50	=	\$	
# O	F TICKETS	X	\$49.50	=	\$	
	F TICKETS				\$	
	F TICKETS				\$	
	F TICKETS				\$	
	F TICKETS				\$	
	F TICKETS				\$	
0			V 22.00		<u>*</u>	
		HAN	TOTAL		\$6.00 \$	
Do you require wheelchair accessible or limited in	mobility seating?	_	YES		NO	
# of Wheelchair Accessible seats	# of I	Limited	Mobility	sea	ts	
If ADA seats are not purchased with the group of A maximum of 3 companion seats may be purchased with the group of 4 maximum of 3 companion seats may be purchased up at the Homeonia of the Group orders must be picked up at the Homeonia of the Group orders will be accepted by FAX, GROUND EMAILED GROUP ORDERS WILL NOT BE ACCEPT Payment by Cash: Bring order form to the Hampton Coliseum Box (1986).	ased with each wheel eats # of I 43 or email groupsale empton Coliseum Boo D MAIL, or IN PERSON ED.	chair a Limited se@han c Office I at Ha	ccessible of Mobility of Mobil	or lin com to II iseu	nited mobility seat npanion seats D and credit card. um Box Office.	
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. EMAILED ORDERS ARE NOT ACCEPTED. Name on Card						
Billing Address						
•						
Phone Number of Card Holder						
Signature of Card Holder						
Expiration Date						