## SCOUT ORDER FORM



GROUP NAME AND CONTACT						
MAILING ADDRESS						
CITY, STATE, ZIP						
DAYTIME PHONE NUMBER						
EMAIL ADDRESS						
Deadline for Group Orders - January 13, 2017. Tickets will be held at Will Call for orders placed Minimum group order is 15 tickets.  Prices below reflect \$3.50 facility fee per ticket.  Group pricing not available for Premium Seating	l <u>after</u> January 2, 2		ders placed	l <u>be</u>	f <u>ore</u> January 2, 2017 l	oy 5pm.
Friday, January 20 at 7:00 pm						
	Prices listed below are available while supplies last.					
	F TICKETS					
# O	F TICKETS	x	\$23.50	=	\$	
# O	F TICKETS				\$	
		IAH	NDLING FEE		\$5.00	
			TOTAL		\$	
Do you require wheelchair accessible or limited i	mobility seating?		YES		NO	
# of Wheelchair Accessible seats  If ADA seats are not purchased with the group of A maximum of 3 companion seats may be purchased.	order, there is no g	uarante		wil	l be available on show	
# of Wheelchair Accessible companion se	ats # 0	of Limite	d Mobility	com	panion seats	
For questions, please call 757-838-5650 ext. 689  Out of state orders must be picked up at the Ha  Payment by Cash:  Bring order form to the Hampton Coliseum Box C	mpton Coliseum B	ox Office	with phot			
Payment by Money Order or Cashier's Check:						
	Mail payment alor Hampton Coliseur 1000 Coliseum Dr Hampton, VA 236	n Box Of ive		to:		
Payment by Credit Card (Mastercard or Visa): I						
Name on Card						
Billing Address						
Credit Card Number						
Expiration Date						
Phone Number of Card Holder Signature of Card Holder						
Signature of Card Holder						

Please allow 48-72 hours for orders to be processed before calling the Box Office.