GROUP ORDER FORM



GROUP NAME AND CONTACT					
MAILING ADDRESS					
CITY, STATE, ZIP					
DAYTIME PHONE NUMBER					
EMAIL ADDRESS					
Deadline for Group Orders - February 26, 2018. Tickets will be held at Will Call for orders place Orders of 50 tickets or more may not be filled i	d <u>after</u> February 16		ders placed	<u>before</u> February 16, 201	.8 by 5pm.
Minimum group order is 10 tickets. Prices below reflect \$4.50 facility fee per ticket Group pricing not available for Premium Seatin					
Saturday, March 3 at 7:00 pm					
	Prices list	ed below a	ire available	while supplies last.	
# O	F TICKETS	x	\$56.50 =	\$	
# O	F TICKETS	x	\$40.50 =	\$	
# O	F TICKETS	_ x	\$28.50 =	\$	
		HAND	LING FEE	\$5.00	
			TOTAL	\$	
Do you require wheelchair accessible or limited	mobility seating?	_	YES	NO	
# of Wheelchair Accessible seats	#o	of Limited	Mobility se	ats	
If ADA seats are not purchased with the group					
A maximum of 3 companion seats may be purch	ased with each whe	eelchair ac	cessible or	limited mobility seat whil	e available.
# of Wheelchair Accessible companion so	eats # o	of Limited	Mobility co	mpanion 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	ampton Coliseum B	ox Office	with photo		
Payment by Money Order or Cashier's Check:					
	Mail payment alor Hampton Coliseum 1000 Coliseum Dri Hampton, VA 236	n Box Offic ve		:	
Payment by Credit Card (Mastercard or Visa):	Fax Order to 757-8	38-1814			
Name on Card	l				
Billing Address					
g					
Credit Card Number					
Expiration Date					
Phone Number of Card Holder					
Signature of Card Holder	•				

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