### **GROUP ORDER FORM**



# **GROUP NAME AND CONTACT**

# MAILING ADDRESS

# CITY, STATE, ZIP

### DAYTIME PHONE NUMBER

EMAIL ADDRESS

Deadline for Group Orders - March 3, 2017. Tickets will be mailed for orders placed before February 13, 2017 by 5pm. Tickets will be held at Will Call for orders placed <u>after</u> February 13, 2017.

Minimum group order is 10 tickets.

Prices below reflect \$4.50 facility fee per ticket. Group pricing not available for Elite Seats.

Group pricing not available for Elite Seats.					
Saturday, March 4 at 7:00 pm					
	Prices list	ted below	<i>ı</i> are availab	le v	while supplies last.
	# OF TICKETS	x	\$56.50	=	\$
	# OF TICKETS	x			
	# OF TICKETS	х	\$28.50	=	\$
			NDLING FEE		
			TOTAL		\$
Do you require wheelchair accessible or limit	ed mobility seating?		YES		NO
# of Wheelchair Accessible seats	# (	of Limite	d Mobility	sea	ts
If ADA seats are not purchased with the gro					
A maximum of 3 companion seats may be pu	rchased with each who	eelchair a	accessible o	r lir	mited mobility seat while available.
# of Wheelchair Accessible companio	n seats #	of Limite	d Mobility	con	npanion seats
			-		
For questions, please call 757-838-5650 ext. Out of state orders must be picked up at the	• •			~ 11	D and credit card
Payment by Cash:			e with phot	0 11	D'and credit card.
Bring order form to the Hampton Coliseum B	ox Office. Monday - Fr	idav 10:(	)0am - 5:00	pm	) <b>.</b>
Payment by Money Order or Cashier's Checl		,			
Payment by Money Order or Cashier's Check	K: Mail payment alo	ng with a	order form t		
	Hampton Coliseu	-			
	1000 Coliseum Dr	ive			
	Hampton, VA 236	566			
Payment by Credit Card (Mastercard or Visa	): Fax Order to 757-8	38-1814			
Name on C	Card				
Credit Card Num	ıber				
Expiration D					
Phone Number of Card Ho					
Signature of Card Ho	lder				
Please allow 48-72 hours for orde	ers to be processed be	fore call	ing the Box	Of	fice.

To confirm receipt of your fax and order call: 757-838-4203. Receipts for group orders are printed with the tickets.