GROUP ORDER FORM (DISCOUNT, EVENINGS)



GROUP NAME AND CONTACT

MAILING ADDRESS				
CITY, STATE, ZIP				
DAYTIME PHONE NUMBER				
EMAIL ADDRESS				
Deadline for Group Orders - September 27, 2024 at 12pr Tickets will be held at Will Call for orders placed <u>after</u> Se Minimum group order is 10 tickets. Prices below reflect \$4.50 facility fee per ticket. Group pricing not available for Premium Seating.			· ·	
Group discount available for below showtimes in select Please place an X by desired show date/time.	areas based on availabi	lity on a firs	st come, first served	basis.
Friday, October 11 at 7:00 pm Saturday, October 12 at 7:00 pm				
	Prices listed below a	ire available	while supplies last.	
# OF TIC	ETS X	\$28.70 DLING FEE	= <u>\$</u> \$6.00	
	HAN	TOTAL	\$	
Do you require wheelchair accessible or limited mobility	eating? _	YES	NO	
# of Wheelchair Accessible seats	# of Limited	Mobility se	eats	
If ADA seats are not purchased with the group order, the A maximum of 3 companion seats may be purchased with # of Wheelchair Accessible companion seats For questions, please call 757-838-5650 ext. 68943 or em	each wheelchair access # of Limited	ible or limit Mobility co		
Out of state orders must be picked up at the Hampton C				
Group orders will be accepted by fax, ground mail, or in EMAILED GROUP ORDERS ARE NOT ACCEPTED. Payment by Cash:			Office.	
Bring order form to Hampton Coliseum Box Office: Tuesd	y - Friday 10:00am - 4:0	0pm.		
Hampto 1000 Co	ment along with order f n Coliseum Box Office iseum Drive n, VA 23666	orm to :		
Payment by Credit Card (Mastercard or Visa): Fax Orde	to 757-838-1814			
Name on Card				
Billing Address				
Credit Card Number				
Expiration Date				
Phone Number of Card Holder				
Signature of Card Holder Prices are subject to change. Please allow 48-				
To confirm receipt of your fax and order call:				

No exchanges or refunds. Artists subject to change.