## GROUP ORDER FORM (DISCOUNT, AFTERNOONS)



GROUP NAME AND CONTACT

MAILING ADDRESS				
CITY, STATE, ZIP				
DAYTIME PHONE NUMBER				
EMAIL ADDRESS				
Deadline for Group Orders - March 28, 2025 at 12p Tickets will be held at Will Call for orders placed at 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 s Please place an X by desired show date/time. <u>PLEA</u>		-		
Saturday, April 12 at 1:00 pm Sunday, April 13 at 1:00 pm				
Prices listed below are available while supplies last.				
*		X \$32.00 = HANDLING FEE TOTAL	= <u>\$</u> \$6.00 <u>\$</u>	(P5, P7, P8)
Do you require wheelchair accessible or limited mo	bility seating?	YES	NO	
# of Wheelchair Accessible seats	# (	of Limited Mobility sea	ats	
If ADA seats are not purchased with the group ord A maximum of 3 companion seats may be purchase # of Wheelchair Accessible companion seats For questions, please call 757-838-5650 ext. 68943 Out of state orders must be picked up at the Hamp Group orders will be accepted by fax, ground mail, EMAILED GROUP ORDERS ARE NOT ACCEPTED. Payment by Cash:	d with each wheelch , # 0 or email groupsales@ oton Coliseum Box O	air accessible or limite of Limited Mobility co Phampton.gov ffice with photo ID and	d mobility seat w mpanion seats d credit card.	
Bring order form to Hampton Coliseum Box Office:	Tuesday - Friday 10:0	00am - 4:00pm.		
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				
, , , , ,				
Billing Addre	SS			
Credit Card Numb	er			
Phone Number of Card Hold Signature of Card Hold	er er			
Prices are subject to change. Please allo To confirm receipt of your fax and orde		-	-	

No exchanges or refunds. Artists subject to change.

