GROUP ORDER FORM (FULL PRICE, EVENINGS)

GROUP NAME AND CONTACT



| MAILING ADDRESS | | | | | | | |
|---|--|-------------------------------|----------|---------------------|--------------|-----------------|---|
| CITY, STATE, ZIP | | | | | | | |
| DAYTIME PHONE NUMBER | | | | | | | |
| EMAIL ADDRESS | | | | | | | |
| Is this a military group? Y / N Deadline for Group Orders - March 28, 2025 at 1: Tickets will be held at Will Call for orders placed Minimum group order is 10 tickets. Prices below reflect \$4.50 facility fee per ticket. Group pricing not available for Premium Seating | <u>after</u> March 2 | | | | | | |
| Please place an X by desired show date/time. | | | | | | | |
| Friday,April 11 at 7:00 pm Saturday, April 12 at 7:00 pm | | | | | | | |
| | | Prices listed I | oelow ar | e availabl | e while | supplies last. | |
| | # OF TICKETS | | х | \$92.50 | = \$ | | |
| | # OF TICKETS | | х | \$70.50 | = \$ | | |
| | # OF TICKETS | | Х | \$59.50 | = \$ | | |
| | # OF TICKETS | | х | \$48.50 | = \$ | | |
| | # OF TICKETS | | Х | \$37.50 | = \$ | | |
| | # OF TICKETS | | Х | \$32.00 | = \$ | | |
| | # OF TICKETS | | Х | \$29.80 | = \$ | | |
| | # OF TICKETS | | Х | | | | |
| | # OF TICKETS | | | \$24.30 LING FEE | = \$ \$6. | 00 | |
| | | | | TOTAL | \$ | | |
| Do you require wheelchair accessible or limited m | obility seating | z ? | | YES | | NO | |
| # of Wheelchair Accessible seats | ., ., | # of Li | mited N | | | _ | |
| | | | | | | | |
| If ADA seats are not purchased with the group of A maximum of 3 companion seats may be purchased # of Wheelchair Accessible companion seats | sed with each | _ | ccessib | le or limit | ed mol | oility seat whi | |
| For questions, please call 757-838-5650 ext. 6894: Out of state orders must be picked up at the Han Group orders will be accepted by fax, ground ma EMAILED GROUP ORDER FORMS ARE NOT ACCEP Payment by Cash: Bring order form to Hampton Coliseum Box Office | npton Coliseu il, or in perso TED. | im Box Office on at Hampto | with p | hoto ID a | | dit card. | |
| | , | , | | | | | |
| Mail 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): Fa | ax Order to 7 | 57-838-1814 | | | | | |
| 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 48-72 hours for orders to be processed before calling the Box Office.

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

No exchanges or refunds. Artists subject to change.