GROUP ORDER FORM (FULL PRICE, EVENINGS)



| GROUP NAME AND CONTACT | | | | | |
|--|--|-------------|-----------------|--------------------|-----------------------|
| MAILING ADDRESS | | | | | |
| CITY, STATE, ZIP | | | | | |
| DAYTIME PHONE NUMBER | | | | | |
| EMAIL ADDRESS | | | | | |
| Deadline for Group Orders - February 28, 2025 a 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 | after February 21, 20 | | | | |
| Group discount available for below showtimes in Please place an X by desired show date/time. PL | | | - | | |
| Friday, March 14 at 7:00 pm Saturday, March 15 at 7:00 pm Sunday, March 16 at 5:00 pm | | ated below | ava availahla | | |
| | | | | while suppli | |
| | # OF TICKETS | x | | = \$ | |
| | # OF TICKETS | | | = \$ | - |
| | # OF TICKETS | | | = \$ | - |
| | # OF TICKETS | — х х | \$40.80 | = <u>\$</u> - ¢ | (P4) (P5) |
| | # OF TICKETS | — ^ | \$37.50 | | (P6) |
| | # OF TICKETS | | \$32.00 | | (P7) |
| | # OF TICKETS | | \$29.80 | | (P8) |
| | # OF TICKETS | | \$26.50 | | (P9) |
| | # OF TICKETS | х | \$21.00 | | (P10) |
| | | HAN | IDLING FEE | \$6.00 | |
| | | | TOTAL | \$ | |
| Do you require wheelchair accessible or limited n | nobility seating? | | YES | N | 0 |
| # of Wheelchair Accessible seats | # | of Limited | d Mobility se | eats | |
| If ADA seats are not purchased with the group o A maximum of 3 companion seats may be purcha # of Wheelchair Accessible companion sea | sed with each wheelc | hair access | sible or limite | | seat while available. |
| For questions, please call 757-838-5650 ext. 6894 Out of state orders must be picked up at the Har Group orders will be accepted by fax, ground ma EMAILED GROUP ORDER FORMS ARE NOT ACCE Payment by Cash: | npton Coliseum Box (il, or in person at Har | Office with | photo ID an | | d. |
| Bring order form to Hampton Coliseum Box Office | e: Tuesday - Friday 10: | :00am - 4:0 | 00pm. | | |
| Payment by Money Order or Cashier's Check: | | | | | |
| | Mail payment along v Hampton Coliseum B 1000 Coliseum Drive Hampton, VA 23666 | ox Office | form to : | | |
| Payment by Credit Card (Mastercard or Visa): F | ax Order to 757-838-1 | .814 | | | |
| 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. EMAILED GROUP ORDERS ARE NOT ACCEPTED.

