

**SUBSCRIBE NOW!  
TICKET ORDER FORM  
2025 Spring Season**



**1. SEATING PREFERENCE**

Let us know your preferences and we will do our best to meet them. Please indicate below.

- Best available
- Main Orchestra seats
- No Preference
- Aisle seats
- Mid Orchestra seats
- Wheelchair accessible
- Balcony seats

**2. SUBSCRIBE NOW WITH A FLEX PASS AND SAVE!**

Buy a FLEX PASS and get the best seats available!

**FLEX 8 Pass**      8 tickets to use in any way you choose with \$5 discount per ticket

**PLEASE NOTE:**      Discounts cannot be applied to Community Spotlight Series and Classic Movie Nights.  
**FACILITY FEE:**      Ticket prices include a \$2 per ticket facility fee.

<b>Date &amp; Time</b>	<b>Event</b>	<b># of Tickets</b>	<b>Price</b>	<b>Amount</b>
<b>January 2025</b>				
Tues. 14 <sup>th</sup> 7:30pm	Mat & Savanna Shaw	_____X	\$35/\$45/\$55	= \$ _____
<b>March 2025</b>				
Wed. 5 <sup>th</sup> 7:30pm	Tartan Terrors	_____X	\$35/\$45/\$55	= \$ _____
Fri. 28 <sup>th</sup> 7:30pm	A Soldier's Play	_____X	\$35/\$40	= \$ _____
Sat. 29 <sup>th</sup> 7:30pm	A Soldier's Play	_____X	\$35/\$40	= \$ _____
Sun. 30 <sup>th</sup> 3:00pm	A Soldier's Play	_____X	\$35/\$40	= \$ _____
<b>April 2025</b>				
Sat. 26 <sup>th</sup> 7:30pm	The Journey Experience	_____X	\$35/\$45/\$55	= \$ _____

**FLEX 8**      I have selected 8+ tickets      # of tickets \_\_\_\_\_ X \$5      = subtract -\$ \_\_\_\_\_

**A. MAIN STAGE SERIES SUBTOTAL**      \$ \_\_\_\_\_

**1. GRAND TOTAL**

Please check carefully to make sure you have included all of your performance totals, subtracted your discounts, and added the \$6 processing fee for your Grand Total. FLEX-8 Subscriptions will be processed on a first-come, first-served basis starting Friday, July 19, 2024.

Main Stage Series Subtotal (Line A)	\$ _____
<b>HANDLING FEE</b>	<b>\$ 6.00</b>
<b>GRAND TOTAL</b>	<b>\$ _____</b>

**2. YOUR INFORMATION (PLEASE PRINT CLEARLY)**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

E-mail \_\_\_\_\_

**3. PAYMENT**

CREDIT CARD: VISA MASTERCARD

Name on Card: \_\_\_\_\_

Cardholder Signature \_\_\_\_\_ Exp. Date. \_\_\_\_\_

Account # \_\_\_\_\_ C.V.V. Code \_\_\_\_\_

It's easy to submit your order!

Mail completed order form with payment to:

The American Theatre Box Office  
125 E Mellen Street  
Hampton VA 23663

Bring in person to the Hampton Coliseum Box Office (Tues-Fri, 10am-4pm)  
OR The American Theatre Box Office (Thurs-Fri, 10am-2pm).