

**Group Sales Use**

DATE ORDER TAKEN \_\_\_\_\_  
DATE ORDER PAID \_\_\_\_\_  
DATE OF P.O. (*Schools Only*) \_\_\_\_\_

**TICKETS WILL BE:**

- Placed in Will Call
- Returned to Group Sales
  - Mail      Date Mailed: \_\_\_\_\_ By: \_\_\_\_\_
  - FEDEX      (Account # \_\_\_\_\_)



**Richmond Coliseum**  
601 East Leigh Street  
Richmond, VA 23219  
804-780-4970  
richmondcoliseum.net

**Richmond CenterStage**  
212 North 7th Street  
Richmond, VA 23219  
804-592-3400  
richmondcenterstage.com

**Landmark Theater**  
6 North Laurel Street  
Richmond, VA 23220  
804-646-0546  
landmarktheater.net

### Group Sales Order Form

EVENT	EVENT CODE	DAY/ DATE OF EVENT	TIME
GROUP NAME			
CONTACT NAME			
ADDRESS			
CITY		STATE	ZIP
DAY PHONE		EVENING PHONE	
EMAIL ADDRESS			FAX NUMBER

PRICE PER TICKET		NO. OF TICKETS	TOTAL	SECTION	ROW	SEATS
FULL	DISCOUNT					
\$	\$		\$			
PROCESSING FEE			<b>\$ 8.00</b>			
FEDERAL EXPRESS FEES Priority Overnight - \$19.00, Stand. Overnight- \$16.00, Fed Ex 2-day - \$14.00, Express Saver- \$12.00						
TOTAL SALES			\$			
DO YOU NEED DISABLED SEATING?      Yes <input type="checkbox"/> No <input type="checkbox"/>						
IF SO, HOW MANY? _____ OTHER INFORMATION:						

PAYMENT METHOD	AMOUNT
CASH	\$
CREDIT CARD <input type="checkbox"/> Visa <input type="checkbox"/> MC <input type="checkbox"/> AMX	\$
MONEY ORDER NO./ CASHIER'S CHECK NO.	\$
CHECK NO.:	
NAME ON CHECK:	\$
BANK:	
<b>TOTAL</b>	<b>\$</b>

ORDER TAKEN BY \_\_\_\_\_

CREDIT CARD # \_\_\_\_\_

EXPIRATION DATE \_\_\_\_\_

CARD HOLDER \_\_\_\_\_

**Full payment is required before tickets are distributed. There are no refunds or exchanges once tickets are purchased.**

<b>DIRECTOR APPROVAL</b> _____  TICKET TYPE _____	<b>BOX OFFICE USE</b> FILLED BY _____  TM ACCOUNT _____
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