



Group Sales Ticket Order Form

1) **Ticket Information:**

Contact Name: _____
 Group Name: _____
 Event: _____
 Day(s): _____
 Date(s): _____
 Time(s): _____

of Tickets Requested: _____
 x Price per Ticket: \$ _____
 = SUBTOTAL: _____
 + \$5 PER ORDER handling fee \$5 _____
 = **GRAND TOTAL: \$** _____
 Tax Exempt: TAX ID # _____

**(This charge does not apply to Tax Exempt groups. If your group is tax exempt, you must write in your FEDERAL TAX ID# above and provide an ST-119 form via fax or mail to the Nassau Coliseum Sales Department - if not already on file. We will not be able to process your order as a tax exempt group, without the proper documentation. If your group has previously submitted this form to Nassau Coliseum, please call to confirm with us in advance to be assured that we have your correct information.)*

Phone: _____ Fax: _____ E-mail: _____
 Signature: _____ Date: _____
 Call when ready for customer pick up Send tickets via mail

2) **Payment Information (circle one):** **CASH** **CHECK #** _____
**Please be advised, we are unable to accept checks as payment for group orders within 2 weeks of the show date.*

Credit card **AMEX** **VISA** **MC** **DISC**

CC Number: _____ EXP: _____
 Name on Card: _____
 Cardholder Address: _____
 City / State / Zip: _____

3) **Mailing Information: (if different from cardholder)**

Name: _____
 Address: _____
 City / State / Zip: _____

4) **For Schools / Day Cares only:** # of buses / vans: _____ (*Parking fee is \$14 per bus @ the gate)

5) **For Scout Groups only:** Boys Girls # of Patches*: _____

** Patches are to be picked up at the Guest Services Desk prior to your attended performance.*

Fax or Mail this completed form to:

Nassau Coliseum Sales Department • 1255 Hempstead Turnpike • Uniondale, NY 11553
 Phone: 516-794-9300 x 272 • Fax: 516-794-5347 • E-mail: groupsales@nassaucoliseum.com
 Website: www.nassaucoliseum.com

Internal Use Only:

TM Account #: _____
 Seat Locations: _____