

Mailing address:
 PO Box 5376
 Atlanta, GA 31107



2012 Subscription Order Form

Contact Information

Account # _____

Name _____
 Address _____ City _____ State _____ Zip _____
 Home Phone _____ Cell _____
 Email address _____

Performance Packages

** Please send proof of age with subscription*

| Performance Package | Qty | 3-Play | 4-Play | | Performance Package | Qty | 3-Play | 4-Play |
|---------------------------------------|-----|--------|--------|--|--|-----|--------|--------|
| Flex-Pass (any performance) | | \$80 | \$100 | | Weekday <input type="checkbox"/> Wed <input type="checkbox"/> Thurs | | \$50 | \$60 |
| Opening Friday 8 PM | | \$80 | \$100 | | Senior Weekday (65+)* <input type="checkbox"/> Wed <input type="checkbox"/> Thurs | | \$45 | \$55 |
| Saturday 8:30 PM | | \$80 | \$100 | | Weekend <input type="checkbox"/> Fri <input type="checkbox"/> Sun <input type="checkbox"/> Sat. Mat. | | \$60 | \$75 |
| Preview Thursday 8 PM | | \$35 | \$45 | | Senior Weekend (65+)* <input type="checkbox"/> Fri <input type="checkbox"/> Sun <input type="checkbox"/> Sat. Mat. | | \$55 | \$70 |

3 Play packages please choose from the following productions:

Avenue Q **Waffle Palace** **Sheddin'** **Time Stands Still**

Contribution

*Yes, I will be a **STAR SUBSCRIBER** by making a tax-deductible contribution! (*Benefits on the reverse side*)

\$50 \$100 \$200 \$300 \$500 \$1,000 Other: _____

Name as it should appear in the program: _____

Payment

| | |
|---|----------|
| <i>Subscription Total</i> | \$ _____ |
| <i>Sales Tax</i> (<i>subtotal x .08</i>) | \$ _____ |
| <i>*Contribution</i> | \$ _____ |
| Total Payment | \$ _____ |

Payment Options

Check enclosed payable to: **Horizon Theatre Company**

Charge to: MasterCard Visa AMEX Discover

_____ Exp. Date _____

Name on Card _____

Signature _____

Special Requests

I need *special seating* (please describe): _____

I would like to reserve tickets with the following subscribers: _____

I am enclosing payment for the following subscribers & I would like their tickets mailed to them individually. (include full address):

1. _____ 2. _____

***Horizon Theatre reserves the right to substitute plays, artists, & dates. No Refunds.** Please allow 4 weeks for tickets to arrive