



404-584-7450

# 2015 In House Subscription Order Form

Sale Date \_\_\_\_\_  
 By \_\_\_\_\_  
 Renewal or  New  
 MOS \_\_\_\_\_

Please verify all information and check the boxes

**Account #** \_\_\_\_\_  **Name** \_\_\_\_\_  
 **Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_  
 **Home Phone** \_\_\_\_\_  **Cell** \_\_\_\_\_  
 **Email** \_\_\_\_\_

\*Get email address. Confirmations can only be sent by email

### Subscription Packages

Performance Package	Qty	5-Play	4-Play (Choose plays below)	3-Play (Choose plays below)	Performance Package	Qty	5-Play	4-Play (Choose plays below)	3-Play (Choose plays below)
<b>Flex-Pass</b> (any performance)		\$130	\$105	\$85	<b>Weekday</b> <input type="checkbox"/> Wed <input type="checkbox"/> Thurs		\$85	\$70	\$55
<b>Saturday</b> 8:30 PM		\$130	\$105	\$85	<b>Senior Weekday (65+)*</b> <input type="checkbox"/> Wed <input type="checkbox"/> Thurs		\$75	\$60	\$50
<b>Opening Fri</b> 8:00 PM		\$130	\$105	\$85	<b>Weekend</b> <input type="checkbox"/> Fri <input type="checkbox"/> Sun <input type="checkbox"/> Sat. Mat.		\$100	\$80	\$65
<b>Preview Thurs</b> 8:00 PM		\$65	\$55	\$45	<b>Senior Weekend (65+)*</b> <input type="checkbox"/> Fri <input type="checkbox"/> Sun <input type="checkbox"/> Sat. Mat.		\$90	\$75	\$60

Does the patron want specific dates for performances? Fill in here:

**Grand Concourse** \_\_\_\_\_  **Vanya/Sonia** \_\_\_\_\_  **Ave Q** \_\_\_\_\_  
 **Uprising** \_\_\_\_\_  **A+** \_\_\_\_\_

### Contribution

\*Ask each patron if they want to be a **STAR SUBSCRIBER** by making a tax-deductible contribution

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

**Name as it should appear in the program:** \_\_\_\_\_

### Payment

*Subscription Total* \$ \_\_\_\_\_  
*Sales Tax* \$ \_\_\_\_\_  
 (subtotal x .08)  
*\*Suggested Contribution* \$ 50.00  
**Total Payment** \$ \_\_\_\_\_  
 \*Please make sure patron knows all donations will be processed in a separate transaction  
 **Donation processed by** \_\_\_\_\_ **On** \_\_\_\_\_

### Payment Options

**Gift Certificate #** \_\_\_\_\_  
**Charge to:**  MasterCard  Visa  AMEX  Discover  
 # \_\_\_\_\_  
**Exp. Date** \_\_\_\_\_  
**CVV** \_\_\_\_\_ (three or four digit security code on your card)  
**Billing Zip Code if Different** \_\_\_\_\_  
**Name on Card** \_\_\_\_\_

Processing in Tessitura  
 Order # \_\_\_\_\_  
 Date \_\_\_\_\_ By \_\_\_\_\_

### Special Requests

I need *special seating* (please describe) \_\_\_\_\_  
 I would like to receive tickets for the same dates as the following subscribers who ordered separately. Please include dates: \_\_\_\_\_  
 I am enclosing payment for the following subscribers & would like their tickets mailed to them individually. (Include address)  
 1. \_\_\_\_\_ 2. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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