

Printable Form 2016 Subscription Order Form to mail in

Contact Information (Please fill in all information so we can reach you!)

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

Company I/ We work for (helps when we seek funding): _____

Account

Please print and fill out all information and mail this form with payment included to:
PO Box 5376
Atlanta, GA 31107
 Or call the box office at 404-584-7450

Subscription Performance Package	Qty	5-Play	4-Play (see play choice info below)	Subscription Performance Package	Qty	5-Play	4-Play (see play choice info below)
Flex-Pass (any performance)		\$135	\$110	Weekday <input type="checkbox"/> Wed <input type="checkbox"/> Thurs		\$90	\$75
Saturday 8:30 PM		\$135	\$110	Senior Weekday (65+)* <input type="checkbox"/> Wed <input type="checkbox"/> Thurs		\$85	\$65
Opening Fri 8:00 PM		\$135	\$110	Weekend <input type="checkbox"/> Fri <input type="checkbox"/> Sun <input type="checkbox"/> Sat. Mat.		\$105	\$85
Preview Thurs 8:00 PM		\$70	\$60	Senior Weekend (65+)* <input type="checkbox"/> Fri <input type="checkbox"/> Sun <input type="checkbox"/> Sat. Mat.		\$95	\$80

5-Play: Please pick your date for **The Toxic Avenger** running January 29-March 13 (there is a special Super Bowl Sunday 2:00 show on 2/7). I wish to attend **The Toxic Avenger** on _____.

4-Play: If choosing a 4 play package, we will contact you for final selection of plays. Please provide valid email address so we can contact you. If you are choosing **The Toxic Avenger** please pick your date running January 29-March 13 (there is a special Super Bowl Sunday 2:00 show on 2/7). _____.

We will email you with the exciting new shows soon!

Contribution

* Yes, I will 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

Total Payment \$ _____

***All donations will be processed in a separate transaction**

Payment Options

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

☐ Charge to:

☐ MasterCard ☐ Visa ☐ AMEX ☐ Discover

_____ Exp. Date _____

CVV _____ (three or four digit security code on your card)

Name on Card _____

Signature _____

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.