



THEATRE COMPANY

2017 Subscription Pre-Order Form

Contact Information (Please update 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): _____

Yes, I would like to renew my subscription at last year's price before it is announced!

Subscription Packages

Performance Package	Quantity of Subscriptions	5 Plays	Performance Package	Quantity of Subscriptions	5 Plays
Flex-Pass (Any performance)		\$135	Weekday <input type="checkbox"/> Wed <input type="checkbox"/> Thurs		\$90
Saturday 8:30 PM		\$135	Senior (65+) Weekday <input type="checkbox"/> Wed <input type="checkbox"/> Thurs		\$85
Opening Fri 8:00 PM		\$135	Weekend <input type="checkbox"/> Fri <input type="checkbox"/> Sun <input type="checkbox"/> Sat. Mat.		\$105
Preview Thurs 8:00 PM		\$70	Senior (65+) Weekend <input type="checkbox"/> Fri <input type="checkbox"/> Sun <input type="checkbox"/> Sat. Mat.		\$95

* 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: _____

TOTAL

Subscription Total \$ _____

Sales Tax \$ _____
(subtotal x .08)

*Suggested Contribution \$ 50

Total Payment \$ _____

**Donations may 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.

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.