

**Printable Form 2017 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: \_\_\_\_\_

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

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

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)		\$140	\$115	\$90	<b>Weekday</b> <input type="checkbox"/> Wed <input type="checkbox"/> Thurs		\$95	\$80	\$65
<b>Saturday</b> 8:30 PM		\$140	\$115	\$90	<b>Senior Weekday (65+)</b> <input type="checkbox"/> Wed <input type="checkbox"/> Thurs		\$90	\$75	\$60
<b>Opening Fri</b> 8:00 PM		\$140	\$115	\$90	<b>Weekend</b> <input type="checkbox"/> Fri <input type="checkbox"/> Sun <input type="checkbox"/> Sat. Mat.		\$110	\$90	\$70
<b>Preview Thurs</b> 8:00 PM		\$70	\$60	\$45	<b>Senior Weekend (65+)</b> <input type="checkbox"/> Fri <input type="checkbox"/> Sun <input type="checkbox"/> Sat. Mat.		\$100	\$85	\$65

**Please choose productions for 4-Play and 3-Play packages and write in date requests:**

**Constellations** \_\_\_\_\_  **Nobody Loves You** \_\_\_\_\_  
 **Summer A** \_\_\_\_\_  **Summer B** \_\_\_\_\_  **Fall Show** \_\_\_\_\_

**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.