

2017 Subscription Order Form

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	4-Play (Choose plays below)	3-Play (Choose plays below)	Performance Package	Qty	4-Play (Choose plays below)	3-Play (Choose plays below)
Flex-Pass (any performance)		\$115	\$90	Weekday <input type="checkbox"/> Wed <input type="checkbox"/> Thurs		\$80	\$65
Saturday 8:30 PM		\$115	\$90	Senior Weekday (65+) <input type="checkbox"/> Wed <input type="checkbox"/> Thurs		\$75	\$60
Opening Fri 8:00 PM		\$115	\$90	Weekend <input type="checkbox"/> Fri <input type="checkbox"/> Sun <input type="checkbox"/> Sat. Mat.		\$90	\$70
Preview Thurs 8:00 PM		\$60	\$45	Senior Weekend (65+) <input type="checkbox"/> Fri <input type="checkbox"/> Sun <input type="checkbox"/> Sat. Mat.		\$85	\$65

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

- Nobody Loves You* _____ *How to Use a Knife* _____
 Blackberry Dayz _____ *Project Dawn* _____

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 .089)
**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.