

CONTACT INFORMATION

ACCOUNT #: _____

Patron 1's Prefix: _____ Name _____ Senior (65+)

Patron 2's Prefix: _____ Name _____ Senior (65+)

Address: _____

City: _____ State: _____ ZIP: _____

Patron 1's Email: _____

Patron 2's Email: _____

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

If this order includes packages for additional patrons, please include their names and contact information on the back of this form or a separate sheet.

SUBSCRIPTION PACKAGES	4-Plays	Qty	3-Plays	Qty	TOTALS
FLEX-PASS (ANY PERFORMANCE)	\$120		\$95		
OPENING NIGHT Dates: 3/26, 5/18, 7/13, 9/28	\$120		\$95		
SATURDAY NIGHT <input type="radio"/> 1 st <input type="radio"/> 2 nd <input type="radio"/> 3 rd	\$120		\$95		
WEEKEND <input type="radio"/> FRI <input type="radio"/> SAT MAT** <input type="radio"/> SUN <input type="radio"/> 1 st <input type="radio"/> 2 nd <input type="radio"/> 3 rd	\$95		\$75		
SENIOR WEEKEND <input type="radio"/> FRI <input type="radio"/> SAT MAT** <input type="radio"/> SUN <input type="radio"/> 1 st <input type="radio"/> 2 nd <input type="radio"/> 3 rd	\$90		\$70		
WEEKDAY <input type="radio"/> WED <input type="radio"/> THURS <input type="radio"/> 2 nd <input type="radio"/> 3 rd	\$85		\$70		
SENIOR WEEKDAY <input type="radio"/> WED <input type="radio"/> THURS <input type="radio"/> 2 nd <input type="radio"/> 3 rd	\$80		\$60		
PREVIEW THURSDAY Dates: 3/8, 5/10, 7/12, 9/20	\$60		\$45		

SHOW TIMES: WED, THURS, FRI @ 8PM • SAT @ 3PM** & 8:30PM • SUN @ 5PM **No SAT MAT during the 1st week of each show.

If you have preferred dates, please list them below for each play:

Freaky Friday (3/9-4/22): _____ Summer A (5/11-6/24): _____
 Summer B (7/13-8/26): _____ Fall (9/21-10/28): _____

CONTRIBUTION YES, I will be a STAR SUBSCRIBER by making a tax-deductible contribution!

Select: \$50 \$100 \$200 \$300 \$500 \$1,000 Other: \$ _____

How should your name appear in the program? _____

I decline donor benefits (See Donor Perks & Benefits)

TOTALS

Subscription Total: \$ _____

PAYMENT OPTIONS

Check enclosed payable to Horizon Theatre Company

Charge card #: _____

Suggested Contribution: **\$50.00** Exp: _____ CVV: _____ Zip: _____

Name on Card: _____

TOTAL DUE: \$ _____ Signature: _____

SPECIAL REQUESTS *Subscribers enjoy seats reserved in the center section. We do our best to reserve seats for patrons with special seating needs, but accessible seating is limited. We will reserve a seat for the patron with the need and up to one (1) guest. We cannot guarantee specific seats. Please specify your need below:*

I require no stairs 2nd row is okay I require a right aisle seat I require a left aisle seat

Reason for request: _____

I require a wheelchair space I will transfer to a seat from a wheelchair

I would like the same dates as the following subscriber(s) who ordered separately: _____

Mail to: Subscriptions, Horizon Theatre, PO Box 5376, Atlanta, GA 31107

Email to: subscriptions@horizontheatre.com || Fax to: 404.584.8815 || Call-in Orders: 404.584.7450

Look for show announcements at www.horizontheatre.com and in your email.

HORIZON THEATRE RESERVES THE RIGHT TO SUBSTITUTE PLAYS, ARTISTS & DATES. TRANSACTIONS ARE NON-REFUNDABLE.

Processor: _____

OFFICE USE ONLY Renewal New

Order #: _____

Date: _____

Sent Confirmation

FILE NAME: _____