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EMAIL: BOXOFFICE@HORIZONTHEATRE.COM

MAIL: HORIZON THEATRE COMPANY PO BOX 5376 ATLANTA, GA 31107

Name _____

Address _____

City /State/Zip _____

Phone [h] _____ [w] _____ [c] _____

E-mail _____

Company I/we work for: [This helps us when we seek local funding.] _____

I need SPECIAL SEATING [e.g. wheelchair or hearing impaired] _____

I would like to receive tickets for the same dates as the following subscribers who ordered separately:

PICK YOUR PACKAGE TYPE <i>(please check)</i>	5-Play	4-Play
<input type="radio"/> Flex Pass [Any Show]	\$150	\$125
<input type="radio"/> Opening Friday, 8 PM (Includes Receptions) [2/1, 3/29, 5/24, 7/12, 9/27]	\$150	\$125
<input type="radio"/> Saturday, 8 PM	\$150	\$125
Weekend <input type="radio"/> Friday, 8 PM <input type="radio"/> Sunday, 5 PM <input type="radio"/> Saturday 3 PM	\$120	\$100
Weekday <input type="radio"/> Wednesday, 8 PM <input type="radio"/> Thursday, 8 PM	\$105	\$90
<input type="radio"/> Preview Thursday [1/24, 3/21, 5/16, 7/11, 9/19]	\$75	\$65
Senior Weekend (65+)* <input type="radio"/> Friday <input type="radio"/> Saturday 3 PM <input type="radio"/> Sunday	\$110	\$95
Senior Weekday (65+)* <input type="radio"/> Wednesday <input type="radio"/> Thursday * Must Include proof of age.	\$100	\$85
Youth/Teen Flex Package (Full-time student under 25)** Good for any performance. * Must Include photo ID ** Must Include student ID for teen or photo and age of child.	\$75	\$65

PLEASE CHOOSE PRODUCTIONS FOR 4-PLAY PACKAGE AND WRITE IN ANY DATE REQUESTS

The Wolves _____
 Pipeline _____
 The Cake _____

Summer TBA _____
 The Curious Incident... _____

I am enclosing payment for the following subscribers who do not reside with me:

(Please attach names, addresses, and phone numbers separately.)

Tally Your Order Regular Subscriptions _____ @ \$ _____ each = \$ _____

Senior Subscriptions _____ @ \$ _____ each = \$ _____

SUBTOTAL: \$ _____

YES! I will be a Star Subscriber by making a tax-deductible contribution!

\$50
 \$100
 \$200
 \$300
 \$500
 \$1000
 Other _____ \$ _____

TOTAL PAYMENT ENCLOSED: \$ _____

PAYMENT OPTIONS

Check enclosed [payable to Horizon Theatre Company] OR charge to: Visa MasterCard AmEx Discover

Card # _____ Exp Date _____

CVV# _____ Signature _____