

**Printable Form 2016 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): \_\_\_\_\_

Subscription Performance Package	Qty	5-Play	4-Play (see play choice info below)	Subscription Performance Package	Qty	5-Play	4-Play (see play choice info below)
<b>Flex-Pass</b> (any performance)		\$135	\$110	<b>Weekday</b> <input type="checkbox"/> Wed <input type="checkbox"/> Thurs		\$90	\$75
<b>Saturday</b> 8:30 PM		\$135	\$110	<b>Senior Weekday (65+)*</b> <input type="checkbox"/> Wed <input type="checkbox"/> Thurs		\$85	\$65
<b>Opening Fri</b> 8:00 PM		\$135	\$110	<b>Weekend</b> <input type="checkbox"/> Fri <input type="checkbox"/> Sun <input type="checkbox"/> Sat. Mat.		\$105	\$85
<b>Preview Thurs</b> 8:00 PM		\$70	\$60	<b>Senior Weekend (65+)*</b> <input type="checkbox"/> Fri <input type="checkbox"/> Sun <input type="checkbox"/> Sat. Mat.		\$95	\$80

**The Toxic Avenger** \_\_\_\_\_  **Sex with Strangers** \_\_\_\_\_  
 **City of Conversation** \_\_\_\_\_  **da' Kink in My Hair** \_\_\_\_\_  **Freed Spirits** \_\_\_\_\_

**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.