

HORIZON THEATRE COMPANY

2014 Subscription Order Form

Contact Information

Account # _____

Name _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell _____ Email _____

Subscription Packages

** Please send proof of age with subscription*

Performance Package	Qty	4-Play	3-Play (Choose plays below)		Performance Package	Qty	4-Play	3-Play (Choose plays below)
Flex-Pass (any performance)		\$100	\$80		Weekday <input type="checkbox"/> Wed <input type="checkbox"/> Thurs		\$60	\$50
Saturday 8:30 PM		\$100	\$80		Senior Weekday (65+)* <input type="checkbox"/> Wed <input type="checkbox"/> Thurs		\$55	\$45
Opening Fri 8:00 PM (3/14, 5/16, 7/18, 9/18)		\$100	\$80		Weekend <input type="checkbox"/> Fri <input type="checkbox"/> Sun <input type="checkbox"/> Sat. Mat.		\$75	\$60
Preview Thurs 8:00 PM (3/13, 5/15, 7/17, 9/17)		\$50	\$40		Senior Weekend (65+)* <input type="checkbox"/> Fri <input type="checkbox"/> Sun <input type="checkbox"/> Sat. Mat.		\$70	\$55

For specific date requests, please write in date next to the show title. 3-Play packages please choose from the following productions:

- Elemeno Pea** _____ **Cowgirls** _____
 Right On _____ **Detroit** _____

Contribution

*Yes, I will be a **STAR SUBSCRIBER** by making a tax-deductible contribution! *(Benefits on the reverse side)*

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

Name as it should appear in the program: _____

Payment

Subscription Total	\$ _____
Sales Tax <i>(subtotal x .08)</i>	\$ _____
*Suggested Contribution	\$ 50.00
Total Payment	\$ _____

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: _____
- _____
- 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.**