

2020 SUBSCRIPTION FORM

SUBSCRIBE TODAY! ONLINE: HORIZONTHEATRE.COM • **CALL:** 404.584.7450

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]	\$155	\$130
<input type="radio"/> Opening Friday, 8 PM (Includes Receptions)	\$155	\$130
<input type="radio"/> Saturday, 8 PM	\$155	\$130
Weekend <input type="radio"/> Friday, 8 PM <input type="radio"/> Sunday, 5 PM <input type="radio"/> Saturday 3 PM	\$125	\$105
Weekday <input type="radio"/> Wednesday, 8 PM <input type="radio"/> Thursday, 8 PM	\$110	\$95
<input type="radio"/> Preview	\$80	\$70
Senior Weekend (65+)* <input type="radio"/> Friday <input type="radio"/> Saturday 3 PM <input type="radio"/> Sunday	\$115	\$100
Senior Weekday (65+)* <input type="radio"/> Wednesday <input type="radio"/> Thursday <small>* Must Include proof of age.</small>	\$100	\$85
Youth/Teen Flex Package (Full-time student under 25)* Good for any performance. <small>* Must Include student ID for teen or photo and age of child.</small>	\$80	\$70

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

Once _____ *The Light* _____ *TBA* _____
 The House That Will Not Stand _____ *Roe* _____

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 _____