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JOIN US!

EMAIL: BOXOFFICE@HORIZONTHEATRE.COM

MAIL: Horizon Theatre Company, PO Box 5376, Atlanta, GA 31107

Name: _____

Address: _____

City, State, Zip: _____

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

Email: _____

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 *(please check)*

	5-Play	4-Play
<input type="radio"/> Flex Pass [Any Show]	\$160	\$135
<input type="radio"/> Press Opening Friday, 8 PM (3/3, 4/28, 7/14, 9/1, 10/27, Includes Receptions)	\$155	\$130
Weekend <input type="radio"/> Friday, 8 PM <input type="radio"/> Sat, 3 PM <input type="radio"/> Sat, 8 PM <input type="radio"/> Sunday, 5 PM	\$155	\$130
Weekday <input type="radio"/> Wednesday, 8 PM <input type="radio"/> Thursday, 8 PM	\$125	\$105
Senior Weekend (65+)* <input type="radio"/> Friday, 8pm <input type="radio"/> Saturday, 3 PM <input type="radio"/> Sunday, 5PM	\$150	\$125
Senior Weekday (65+)* <input type="radio"/> Wednesday, 8pm <input type="radio"/> Thursday, 8pm	\$120	\$100
<input type="radio"/> Preview Thursday, 8pm (3/2, 4/20, 7/6, 8/24, 10/19)	\$80	\$70
<input type="radio"/> Youth/Young Adult Flex Package (Full-time student under 25)** Good for any performance.	\$80	\$70

* Must Include proof of age.

** Must Include student ID for teen or photo and age of child.

PLEASE WRITE IN ANY DATE REQUESTS

Kim's Convenience _____ *Support Group* _____ *House That...* _____
Rooted _____ *...The Great Comet...* _____

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

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

Tally Your Order

Regular Subscriptions	_____	@ \$ _____	each =	\$ _____
Youth/YA Subscriptions	_____	@ \$ _____	each =	\$ _____
Senior Subscriptions	_____	@ \$ _____	each =	\$ _____
				SUBTOTAL: \$ _____

[Must include to complete order] PLUS SALES TAX [subtotal x .049]

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 _____