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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)*

	6-Play <i>(with COMET)</i>	5-Play <i>(without COMET)</i>
<input type="radio"/> Flex Pass [Any Show]	\$215	\$165
<input type="radio"/> Press Opening Friday, 8 PM (7/5, 8/23, 10/11, 1/24, 3/14, 4/10, Includes Receptions)	\$210	\$160
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	\$210	\$160
Weekday <input type="radio"/> Wednesday, 8 PM <input type="radio"/> Thursday, 8 PM	\$175	\$130
Senior Weekend (65+)* <input type="radio"/> Friday, 8pm <input type="radio"/> Saturday, 3 PM <input type="radio"/> Sunday, 5PM	\$205	\$155
Senior Weekday (65+)* <input type="radio"/> Wednesday, 8pm <input type="radio"/> Thursday, 8pm	\$170	\$125
<input type="radio"/> Preview Thursday, 8pm (6/27, 8/15, 10/03, 1/16, 3/6, 4/10)	\$120	\$80
<input type="radio"/> Student Flex Package (Full-time student under 25)** <i>Good for any performance.</i>	\$100	\$80

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

PLEASE WRITE IN ANY DATE REQUESTS

The Game _____ *Wild with Happy* _____ *Amélie* _____ *I Carry Your Heart...* _____
Laughs in Spanish _____ *...The Great Comet... (for 6-play packages only)* _____

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 = \$ _____
Student 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 \$ _____

*\$1000 level includes reserved seating for every show and 2 Flex Passes

TOTAL PAYMENT ENCLOSED: \$ _____

PAYMENT OPTIONS

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

Card # _____ Exp Date _____

CVV# _____ Signature _____