

2024-25 **SUBSCRIPTION** FORM

 $\textbf{SUBSCRIBE TODAY! ONLINE:} \ \ \text{HORIZONTHEATRE.COM} \cdot \textbf{CALL:} \ 404.584.7450$

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	or: (this helps us when we se	eek local funding) _				_
☐ I need SPECIAL SE	ATING (e.g. wheelchair or he	earing impaired)				
☐ I would like to receive	ve tickets for the same dates	as the following sul	oscribers who orde	red separately:		
					7.01	_
PICK YOUR PAG	CKAGE TYPE (please che	ck)			3-Play (including COMET)	
O Flex Pass [Ar	ny Show]				\$113	
O Press Openin	g Friday, 8 PM (1/31 and 2r	nd Friday of run • ir	cludes reception))	\$111	
Weekend O	riday, 8 PM 🔘 Sat, 3 PM	1 O Sat, 8 PM	Sunday, 5 PM	Comet Sat matinees are at 2:30	\$111 [Comet Sun Feb 9 matinee is @ 2pm
Weekday O	Vednesday, 8 PM 🔘 Th	nursday, 8 PM			\$96	·
Senior Weekend	(65+)* O Friday, 8pm	Saturday, 3 PM	Sunday, 5PN	(Comet Sat matinees are at 2:30	\$107	Comet Sun Feb 9 matinee is @ 2pm
	(65+)* • Wednesday,				\$92	, -
O Preview Thur	sday, 8pm (1/23 and day k	pefore 1st Friday of	run)		\$78	
• Student Flex Good for any perfo	Package (Fu ll- time studer	nt under 25)**			\$78	
* Must Include proof	of age. ** Must Include stude	nt ID for teen or photo a	and age of child.			
PLEASE WRIT	E IN ANY DATE REQUEST	S				
The Great Comet of 181	?	ay Vour Hoart	1	aughs in Spanis.	rh	
ne dreat connet or 1012		y rodi ricare		aagris ii i Spariis		
I am enclosing payme	ent for the following subscrik	pers who do not resi	de with me:			
(Please attach names, add	resses, emails, and phone numbers	s separately,)				_
Tally Your Order	Regular Subscriptions _	@ \$	each		\$	_
	0 1 0 1 11				\$	
	Serilor Subscriptions _	@ \$	each	= SUBTOTAL:	\$ \$	
	-	clude to complete ord			Ψ	_
	bscriber by making a tax-de \$200				\$	
·	eating for every show and 2 Flex Passes	·	OTAL PAYMENT I		\$	_
PAYMENT OPTIO	NS					
	payable to Horizon Theatre Company] C	DR charge to: O Vis	a O MasterCard	O AmEx O	Discover	-
Card #				Exp Date		
CVV# Sig	nature					