

JOIN US!

SUBSCRIBE! CALL: 404.584.7450

EMAIL: Boxoffice@HorizonTheatre.com • **MAIL:** P.O. Box 5376, Atlanta, GA 30117

DATE OF ORDER: _____

Name _____

Address _____

City/State/Zip _____

Phone [cell 1] _____ [cell 2] _____ [h] _____

Email(s) _____

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: _____

5-PLAY SUBSCRIPTIONS: 4 Season Plays **PLUS** I Carry Your Heart • **4-PLAY SUBSCRIPTIONS:** 4 Season Plays **NO** I Carry Your Heart

CHOOSE YOUR PACKAGE TYPE: (please check)	5-PLAY	4-PLAY
<input type="checkbox"/> FLEX PASS [Any Performance]	\$180	\$148
<input type="checkbox"/> PRESS OPENING FRIDAY (2nd Friday of Run) [Includes Receptions]	\$175	\$144
WEEKEND: <input type="checkbox"/> Friday, 8pm <input type="checkbox"/> Saturday, 2pm <input type="checkbox"/> Saturday, 8pm <input type="checkbox"/> Sunday, 5pm	\$175	\$144
WEEKDAY: <input type="checkbox"/> Wednesday, 8pm <input type="checkbox"/> Thursday, 8pm	\$145	\$124
SENIOR WEEKEND (65+)*: <input type="checkbox"/> Friday, 8pm <input type="checkbox"/> Saturday, 2pm <input type="checkbox"/> Saturday, 8pm <input type="checkbox"/> Sunday, 5pm	\$170	\$140
SENIOR WEEKDAY (65+)*: <input type="checkbox"/> Wednesday, 8pm <input type="checkbox"/> Thursday, 8pm	\$140	\$120
<input type="checkbox"/> PREVIEW THURSDAY, 8PM (Day Before 1st Friday of Run)	\$95	\$76
<input type="checkbox"/> STUDENT FLEX PACKAGE (Full-Time Student Under 25**) [Any Performance]	\$95	\$76

*Must include proof of age

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

TALLY YOUR ORDER

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

[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 \$ _____

How I would like my name listed in the program: _____

*Donors at the \$1000 dollar level enjoy VIP reserved seating at each performance & 2 complimentary 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 _____

• HORIZON THEATRE RESERVES THE RIGHT TO SUBSTITUTE PLAYS, ARTISTS & DATES. TRANSACTIONS ARE NON-REFUNDABLE •

OFFICE USE ONLY

Patron Name _____

Received in Office: _____

Entered by: _____

Order#: _____

Confirmation Sent Date: _____

Patron #: _____