

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

PLEASE WRITE IN ANY DATE REQUESTS We normally assign dates to subscribers, and then you have up till 24 hours prior to the performance to change those dates.

I Carry Your Heart with Me _____ *Dog Mom* _____ *Hot Jambalaya* _____

Holy Chicken Sandwich _____ *Other Paths to God* _____

**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 Date: _____ Entered by: _____ Order#: _____ Confirmation Sent Date: _____