HORIZON THEATRE COMPANY

2025-2026 SUBSCRIPTION FORM

JOIN US!

3 WAYS TO SUBSCRIBE! **CALL:** 404.584.7450
EMAIL: boxoffice@horizontheatre.com • **MAIL:** P.O. Box 5376, Atlanta, GA 31107

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, hearing impaired, etc.)* Please describe: _____

❑ I would like to receive tickets for the same dates as the following subscribers who ordered separately: _____

CHOOSE YOUR PACKAGE TYPE: *(please check)*	3-PLAY
❑ FLEX PASS *[Any Performance]*	**$129.03**
❑ PRESS OPENING FRIDAY (2nd Friday of Run: 3/27, 5/29, 8/28, 10/16) *[Includes Receptions]*	**$125.88**
WEEKEND: ❑ Friday, 8pm ❑ Saturday, 2pm ❑ Saturday, 8pm ❑ Sunday, 5pm	**$125.88**
WEEKDAY: ❑ Wednesday, 2pm (one per play) ❑ Wednesday, 8pm ❑ Thursday, 8pm	**$113.29**
SENIOR WEEKEND *(65+)**: ❑ Friday, 8pm ❑ Saturday, 2pm ❑ Saturday, 8pm ❑ Sunday, 5pm	**$122.73**
SENIOR WEEKDAY *(65+)**: ❑ Wednesday, 8pm ❑ Thursday, 8pm	**$110.15**
❑ PREVIEW THURSDAY, 8PM (Day Before 1st Friday of Run: 3/19, 5/21, 8/20, 10/8)	**$62.94**
❑ STUDENT FLEX PACKAGE *(Full-Time Student Under 25**) [Any Performance]*	**$62.94**

**Must include proof of age **Must include student ID for teen or photo and age of child †All prices include a $3 handling fee and 4.9% sales tax*

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

Hot Jambalaya _____ *Holy Chicken Sandwich* _____ *Other Paths to God* _____

TALLY YOUR ORDER

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

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 _____ Patron #: _____
Received in Office: _____ Entered Date. _____ Entered by: _____ Order#. _____ Confirmation Sent Date _____