

2025-26 BROADWAY SEASON

Be the first in line!

Interested in becoming a new subscriber to the 2025-26 Pavilion Performance Series?
Join our **Priority Seating** list to buy your subscription before they go on sale to the public.

1 CONTACT INFORMATION

Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Email: _____
 Phone #: _____

2 PICK YOUR PRICE LEVEL

Pavilion Performance Series Package

Price Level	Quantity	Price/person	Price Level	Quantity	Price/person
<input type="checkbox"/> Premium	_____	\$828.30	<input type="checkbox"/> Level C	_____	\$365.22
<input type="checkbox"/> Level A	_____	\$652.20	<input checked="" type="checkbox"/> Level D	_____	SOLD OUT!
<input type="checkbox"/> Level B	_____	\$482.64			

3 TOTAL OF PAVILION PERFORMANCE SERIES PACKAGE

Full payment is required.

\$ _____

4 BECOME A SUPPORTING DONOR!

Get the very EARLIEST ticket purchase opportunity for select shows by becoming a Supporting Donor with a tax-deductible donation.

Supporting Donation \$150.00 _____

Handling Fee \$5.00 _____

Grand Total \$ _____

5 ADDITIONAL SUBSCRIPTION BENEFIT OPTIONS

Secure My Booking: I am interested in learning more about insuring my ticket purchase. (A Guest Services Representative will contact you.)

Payment Plans: I am interested in learning more about payment plans. (A Guest Services Representative will contact you.)

6 PAYMENT INFORMATION

Check payable to: Washington Pavilion | Please charge my: Visa Mastercard American Express Discover

Card Number: _____ Expiration Date: _____ CVW No.: _____ Signature: (as it appears on card) _____

(3 or 4 digit security code) I agree to pay according to agreement with my card issuer. I agree with all conditions of sale. **A 3.5% service charge will be applied to a credit card.**

For internal use only. Order received date: _____
 Order Number: _____ ST #: _____ AV #: _____

