

SDC-LORT Extended Activity Form

This form is to be submitted by the Theatre responsible for payment prior to the extended activity.
 Mail and fax to SDC, 1501 Broadway, Suite 1701, New York, NY 10036; FAX (212) 302-6195.
 (Refer to schedule B for calculations)

THEATRE SUBMITTING FORM: _____

A
Original
Production

Originating Theatre: _____ Category: _____
 Name of Play/Musical: _____
 Name of Director/Choreographer/Director-Choreographer: _____
 First Reh: _____ Opening: _____ Closing: _____ Original Fee: \$ _____

B
Type of
Extended
Activity
(choose
one)

POST OPENING/BRUSH-UP WORK (Article VII. J. and K.)
 Dates Worked: _____ Post Opening/Brush-Up Payment: \$ _____

REVIVAL (Article XI. A.) Revival Type (check one): Revival in same season
 Revival in subsequent season
 Revival Rehearsal Period: _____ through _____ Closing Date _____ # of perfs _____
 Revival Fee Due: \$ _____

EXTENSION (Article XI. B.)
 Extension Rehearsal Period (if any): _____ through _____ Extension Reh. Fee Due: \$ _____
Extension Performance Information and Payment Type/Amount (choose one):
 Extension Perf. Period: _____ through _____ Total Number of Extended Performances: _____
 Recognition Payment Due (if calculated Per Article XI. B.) \$ _____
 Recognition Payment Per Week (If negotiated higher than calculations above) \$ _____
 Recognition Payment Percentage (if negotiated as a % of gross-must exceed calculations above) \$ _____

TRANSFERS (Article XII.)
 FROM Transferor Theatre: Category First Reh. Opening Perf. Closing Perf. No. of Reh Days
 _____ _____ _____ _____ _____ _____
 TO Tranferee Theatre(s): Category First Reh. Opening Perf. Closing Perf. No. of Reh Days
 _____ _____ _____ _____ _____ _____

PAYMENT DUE: Transfer Rehearsal Payment \$ _____ ~~-OR-~~ Transfer Recognition Payment \$ _____

TOURS (Article XI. C.)
 Was the Director/Choreographer/Director-Choreographer notified in writing prior to the original contract? Yes No
 Tour Reh. Period: _____ through _____ Tour Reh. Payment Due: \$ _____
 Total # Tour Performances: _____ Tour Performances Recognition Payment Due: \$ _____

ELECTRONIC REPRODUCTION AND/OR TRANSMISSION (Article XVI.)
 Electronic Reproduction and/or Transmission Payment Due (no less than original fee shown in Section A) \$ _____

C
Signatures
(must be
signed by
both par-
ties)

Director/Choreographer/Director-Choreographer	Social Security Number	Date
Managing Director/General Manager	Theatre	Date

THEATRE WILL BE BILLED BY SDC FOR APPLICABLE PENSION AND HEALTH CONTRIBUTIONS