

SDC-OMS Extended Activity Form

This form is to be submitted to SDC by the OMS Theatre as required under
Article XIV (Additional Rehearsals After Opening)
and Schedule F (Non Rehearsal Trips and Casting).

<p style="font-size: 2em; font-weight: bold; margin: 0;">A</p> <p style="margin: 0;">OMS Production</p>	<p>OMS Theatre:</p> <hr/> <p>Name of Play/Musical:</p> <hr/> <p>Name of Director/Choreographer/Director-Choreographer:</p> <hr/> <p>First Rehearsal: _____</p> <p>Opening Performance: _____ Final Performance: _____</p> <p>Contractual Fee: \$ _____</p>			
<p style="font-size: 2em; font-weight: bold; margin: 0;">B</p> <p style="margin: 0;">Extended Activity</p>	<p style="text-align: center; font-weight: bold; margin: 0;">Additional Rehearsals After Opening</p> <p style="text-align: center; font-weight: bold; margin: 0;">Casting</p> <p style="text-align: center; font-weight: bold; margin: 0;">Non Rehearsal Trip</p> <p>Post opening rehearsal / casting / or Non Rehearsal Trip dates:</p> <hr/> <p>Payment: \$ _____</p> <p style="font-size: 0.8em; margin-top: 10px;">SDC Dues assessment of two and a half (2.5%) percent shall be deducted from all additional compensation earned by the Director, Choreographer, and Director-Choreographer and submitted to SDC by the Producer no later than one week after the deduction.</p>			
<p style="font-size: 2em; font-weight: bold; margin: 0;">C</p> <p style="font-size: 0.8em; margin: 0;">Signatures (must be signed by both parties)</p>	<table style="width: 100%; border: none;"> <tr> <td style="width: 45%; border: none;"> <p>_____ Name of Director/Choreographer/Dir-Chor.</p> <p>_____ OMS Theatre</p> </td> <td style="width: 30%; border: none;"> <p>_____ SDC member signature</p> <p>_____ Theatre Signature</p> </td> <td style="width: 25%; border: none;"> <p>_____ Date</p> <p>_____ Date</p> </td> </tr> </table>	<p>_____ Name of Director/Choreographer/Dir-Chor.</p> <p>_____ OMS Theatre</p>	<p>_____ SDC member signature</p> <p>_____ Theatre Signature</p>	<p>_____ Date</p> <p>_____ Date</p>
<p>_____ Name of Director/Choreographer/Dir-Chor.</p> <p>_____ OMS Theatre</p>	<p>_____ SDC member signature</p> <p>_____ Theatre Signature</p>	<p>_____ Date</p> <p>_____ Date</p>		



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