

Off-Broadway Workshop Form

This contract must be signed in quintuplicate. Attach all riders to each copy. The Producer and the Director/Choreographer/Director-Choreographer each must file one copy of this contract and any riders with SDC within five business days after signing or prior to the first rehearsal, whichever first occurs. Each party may retain one copy. One copy is for the agent or attorney of the Director/Choreographer/Director-Choreographer.

The following constitutes our agreement:

1. This contract is subject to all terms and conditions of the SDC/Off-Broadway Agreement between the Stage Directors and Choreographers Society, Inc. (SDC), and the Off-Broadway League (Producer), effective July 1, 2014, or its successor Agreements, and binds the Theatre to its terms for the duration of said Agreement.
2. The Theatre, _____ hereby engages the services of (*artist*) _____ as _____ and he/she accepts such engagement with respect to the play titled _____. Artist services shall be rendered for a developmental project from _____ through _____.
3. This activity is classified as _____.
4. In consideration of full and timely performance by artist hereunder, the Theatre agrees to compensate artist as follows:
Compensation of \$ _____
5. Effective immediately, the undersigned assigns to the SDC, two and one-half percent (2 ½ %) of all monies earned and to be earned as Director and/or Choreographer of the above named workshop production and authorizes and directs the Theatre to deduct such amounts and remit same to the SDC. This assignment shall be irrevocable for the run of the above-named production.
6. PENSION AND HEALTH: If applicable, the Theatre shall make pension and health contributions to the SDC-League Pension Fund and SDC-League Health Fund as specified in the SDC Off-Broadway Agreement.
7. GRIEVANCE OR DISPUTE: Any grievance or dispute arising out of this contract shall be settled pursuant to the procedures contained in the SDC Off-Broadway Agreement.
8. RIDERS: (Attach additional riders to each copy of this contract.)

Theatre must sign contract first

EMPLOYER

By (Signature) _____

Please type name _____

Date _____

Address _____

Phone _____

Employer Registration No. _____

Accepted:

DIRECTOR/CHOREOGRAPHER

(Signature) _____

Please type name _____

Date _____

Address _____

Phone _____

Social Security No _____