

This agreement must be signed in quintuplicate. The Theatre/Producer must file one copy with SDC upon execution. The Director-Choreographer must file one copy upon execution. Each party retains one copy. One copy is for the agent or attorney of employee. The Director-Choreographer shall not commence rehearsal until a fully executed copy of this Agreement has been filed with SDC.

The following constitutes our Agreement:

1. This contract is subject to all terms and conditions of the Collective Bargaining Agreement between SDC and Regional Musical Theatres (RMT), dated March 1, 2013.
2. _____ (Theatre/Producer) agrees to engage the services of _____ as _____ and the Artist accepts such engagement with respect to the play _____. The Artist's services shall be rendered during rehearsals of the play from _____ (first rehearsal) through _____ (opening) for a total of _____ rehearsal days.
3. The play is scheduled to be performed at the following theatres on the following dates (attach Rider if more space is needed):

4. In consideration of full and timely performance by the Artist hereunder, Theatre/Producer agrees to pay the following:
 - A. COMPENSATION
\$ _____ for up to seven or _____ days of rehearsal
\$ _____ for _____ additional rehearsal days at \$ _____ per day
\$ _____ **Total Salary**
 - Theatre/Producer is authorized to send salary to:

 - B. ROYALTIES: \$ _____ per performance week, for _____ weeks, beginning week ending _____ through week ending _____. (Indicate on Rider any weeks in which there are fewer or more than eight performances.)
 - C. PER DIEM \$ _____ per day
 - D. HOUSING AND TRANSPORTATION: _____
5. Effective immediately, the undersigned assigns to the SDC, two and one-half percent (2 1/2 %) of all monies earned and to be earned as Director and/or Choreographer of the above named production and authorizes and directs the Theatre to deduct such amounts and remit same to the SDC. This assignment shall be irrevocable for the term of the above named production
6. Theatre/Producer shall make pension and health contributions to the SDC-League Pension Fund and the SDC-League Health Fund as specified in the Collective Bargaining Agreement indicated above.
7. Riders (attach to each copy as needed)
8. Any dispute arising out of this Agreement shall be settled by arbitration pursuant to the agreement indicated above.

Accepted:
DIRECTOR/CHOREOGRAPHER
(Signature) _____
(Please type name) _____
Date _____
Address _____
_____ Zip _____
Phone _____
Social Security No. _____
Email Address _____
Member of SDC YES NO

Theatre must sign contract first.
THEATRE/PRODUCER
(Signature) _____
(Please type name) _____
Date _____
Address _____
_____ Zip _____
Phone _____
Employer Federal I.D. No. _____
Employer Email Address _____