

This Agreement must be signed in quintuplicate. The Producer/Production Company must file one copy with SDC prior to the first rehearsal. The Associate/Assistant ("Artist") must file one copy with SDC prior to the first rehearsal. Each party retains one copy. One copy is for the agent or attorney of employee, if any. Attach Riders to each copy as needed. The following constitutes our Agreement:

1. This Agreement is entered into on the _____ day of _____, 20____. Pursuant to all the terms and conditions herein set forth, _____
(Theatre/Producer/Production Company) agrees to engage the services
of _____ (Artist) as _____,
and he/she agrees to accept such engagement with respect to the production of
_____ (the Play). The services of the Artist shall be rendered during pre-
production and rehearsals of the Play from _____ through _____. The
Play shall be performed through _____.
2. Theatre/Producer/Production Company agrees to compensate Artist as follows:

TOTAL FEE (if any): \$_____
Payment Schedule: 1/3 upon signing this contract; 1/3 upon first day of rehearsal; 1/3 upon first day of the last
week of rehearsal

WEEKLY COMPENSATION (if any): \$_____
3. PENSION AND HEALTH: Theatre/Producer/Production Company shall make a Pension contribution of \$175 and
Health contribution of \$175 to the SDC-League Pension and Health Funds. Such contributions shall be due prior to
the first performance.
4. This Agreement incorporates Articles IX (Disputes) and Schedule E (Transportation & Per Diem) of the SDC/OMS
Agreement dated February 1, 2019.
5. Dues Check-Off: SDC dues assessment of three percent (3%) shall be deducted from all compensation earned
by the Artist and submitted to SDC by the RMT Theatre no later than seven days after the first performance.
6. Artist billing and biographical notes shall be subject to good faith negotiation between Artist and the OMS
Theatre.
7. RIDERS: Additional riders to be attached to each copy of this Agreement.

Accepted:
ARTIST
(Signature) _____
(Please type name) _____
Date _____
Address _____
_____ Zip _____
Phone _____
Email Address _____
Social Security No. _____
Member of SDC in Good Standing: yes____ no____

Theatre must sign contract first:
THEATRE/PRODUCER/PRODUCTION COMPANY
By (Signature) _____
(Please type name) _____
Date _____
Address _____
_____ Zip _____
Phone _____
Email Address _____
Employer Registration No. _____

_____ Copy