

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 Outdoor Musical Stock Theatres (OMS), dated February 1, 2019 (the "CBA"), and binds the Theatre/Producer to its terms for its duration.
2. Theatre agrees to engage the services of (Artist) _____ as
and Artist accepts such engagement with respect to the play entitled: _____
Artist's services shall be rendered during rehearsals of the play from _____ through _____ for a
total of _____ rehearsal days.
(starting date) (opening performance)
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 Artist hereunder, Theatre/Producer agrees to pay Artist the following:

A. Salary \$ _____ for up to ten days of rehearsal \$ _____ for _____ days of rehearsal in excess of ten at \$ _____ per day \$ _____ Total Salary	B. Royalties \$ _____ per performance week, for _____ weeks, beginning week ending _____ through week ending _____.
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 Theatre/Producer is authorized to send salary and royalty to:

5. Artist authorizes Theatre to deduct three percent (3%) assessments from all monies earned under this Agreement, and the Theatre shall remit same to SDC as specified in the CBA indicated above.
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 CBA 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 CBA indicated above.

DIRECTOR/CHOREOGRAPHER

(Signature) _____

(Please type name) _____

Date _____

Address _____

_____ Zip _____

Phone _____ Social _____

Security No. _____

Email Address _____

Member of SDC

Yes

No

THEATRE/PRODUCER (Theatre must sign contract first)

By (Signature) _____

(Please type name) _____

Date _____

Address _____

_____ Zip _____

Phone _____

Email Address _____

Employer Federal I.D. No. _____