

321 W 44th Street, Suite 804 New York, NY 10036-5477

TEL: 212.391.1070 FAX: 212.302.6195 www.SDCweb.org

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 foll	lowing constitutes our Agreement:	
1. Thi	s contract is subject to all terms and condition eatres (RMT), dated March 1, 2017.	ons of the Collective Bargaining Agreement between SDC and Regional Musical
2	(Theatre/Produ	ucer) agrees to engage the services of
as	·	and the Artist accepts such engagement with respect to the play
	The Arti	st's services shall be rendered during rehearsals of the play from
	(first rehearsal) through	(opening) for a total of rehearsal days.
3. Typ	oe of Production: Mainstage Se	econd/Cabaret Space
4. The	e play is scheduled to be performed at the fo	ollowing theatres on the following dates (attach Rider if more space is needed):
Α. (consideration of full and timely performance COMPENSATION for up to seven or d	by the Artist hereunder, Theatre/Producer agrees to pay the following:
\$	for additional rehearsal dTotal Salary eatre/Producer is authorized to send salary t	
thro		e week, forweeks, beginning week ending (For mainstage activity, indicate on Rider any weeks in which there are
C. I	PER DIEM \$ per day	
D. I	HOUSING AND TRANSPORTATION:	
ear	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	
	eatre/Producer shall make pension and healt nd as specified in the Collective Bargaining a	h contributions to the SDC-League Pension Fund and the SDC-League Health Agreement indicated above.
3. Rid	ers (attach to each copy as needed)	
9. Any	dispute arising out of this Agreement shall	be settled by arbitration pursuant to the agreement indicated above.
Accepted	d:	Theatre must sign contract first.
DIRECTOR/CHOREOGRAPHER		THEATRE/PRODUCER
Signature)		(Signature)
-	type name)	
Date		
ddress		
	Zip	
Social Security No		
Fmail Address		Employer Email Address

Member of SDC

YES

NO