

321 W. 44th Street, Suite 804 New York, NY 10036-5653

TEL: 212.391.1070 FAX: 212.302.6195

				www.SDCweb.org	
1.	herein set forth,of	(Producer (Artist) as Associ) agrees to enq iate/Resident D	Pursuant to all the terms and conditions gage the services Director/Choreographer, and he/she agrees to	
	accept such engagement with respect to the first-class production of				
2.	Type of Production (check one): Currently Running Production. Tern New Production. First Rehearsal is _				
3.	In consideration of full and timely performate (please complete all applicable sections): FLAT PAYMENT: WEEKLY/DAILY PAYMENT: OTHER (if applicable): \$: commenc	ing week endii		
4.	PENSION AND HEALTH:				
	Weekly Health: \$200 Weekly Pension: \$150				
	Weekly contributions shall be paid by	the Producer comm		e first (1st) week of employment for each be due no later than ten (10) days following	
	All benefit contributions shall be paid to the SDC-League Health and Pension Funds respectively and remitted to the following address: SDC-League Funds , 321 W. 44th Street , Suite 804 , New York , NY 10036 .				
5.	ARBITRATION: Any dispute hereunder shall be resolved by arbitration between the Producer and SDC on behalf of the Artist in the City of New York before an Arbitrator designated in the SDC-Broadway League Agreement and otherwise pursuant to the applicable rules of the American Arbitration Association.				
6.	TERMINATION: No Artist may be dismissed, except in the case of his or her material breach of contract, without the full payment of all compensation due him/her under this Agreement.				
7.	DUES CHECK-OFF: SDC dues assessment of 2.5 percent shall be deducted from all compensation earned by the Artist and submitted to SDC by Producer no later than one week after payment thereof.				
8.	RIDERS: Additional riders, including all above minimum terms, e.g., billing, housing, transportation, or per diem if so negotiated, to be attached to each copy of this Agreement.				
If A SD	Artist and Producer agree to renew the term: C.	s of this agreement,	an additional	rider must be completed and submitted to	
	ccepted:			ign contract first:	
ARTIST (Signature)			PRODUCER By (Signature)		
(Please type name)			(Please type name)		
Date					
Address			Address		
Zip				Zip	
Phone			Phone		
Email Address					
Social Security No				entification No	
Т	he Producer/Production Company and the	- Associate/Resident	Copy ("Artist") must	each file one copy with SDC. Attach Riders	
	o each copy as needed.		(1) 111430	2 2 / / / / / / / /	