

Any reduction of any benefit or term provided under this Agreement shall render it invalid. SDC reserves the right to reject any contract that does not meet the minimum terms.

This Agreement must be signed and filed with SDC. The Employer and the Employee must each file one copy with SDC prior to the first rehearsal. Each party should retain one copy, including the agent or attorney of the Employee if applicable. Contracts may be filed electronically by sending to Contracts@SDCweb.org. The following constitutes our Agreement:

1. This Agreement is entered into on the ____ day of _____, 20____. Pursuant to all the terms and conditions set forth in the Special Contract Agreement dated January 1, 2024, _____ (Employer), agrees to engage the services of _____ (Artist) as (select one) _____ and they agree to accept such engagement with respect to the production of _____ (the Production). The services of the Artist shall be rendered during rehearsals of the Production from _____ through _____. The Production shall be performed through _____. The Employer recognizes Stage Directors and Choreographers Society, Inc.(SDC) as the representative of the Artist.

2. Employer agrees to compensate Artist as follows:

COMPENSATION: \$_____ 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.

3. **PENSION AND HEALTH:** The Employer shall make Pension and Health contributions to the SDC-League Pension Fund and the SDC-League Health Fund as specified below, based on compensation (including any Extensions and Overtime payments). **Separate checks must be made out to each fund and mailed to the following address: SDC-League Pension & Health Funds 321 W 44th Street Suite 804 New York, NY 10036**

COMPENSATION	HEALTH	PENSION
\$600-\$2,999	\$350	10% on all compensation
\$3,000-\$9,999	\$850	10% on all compensation
\$10,000+	\$1,350	10% on all compensation

PENSION CONTRIBUTION DUE \$_____ HEALTH CONTRIBUTION DUE \$_____

4. The Employer shall provide, prior to the first rehearsal, a written representation to the Artist, with a copy to SDC, that it has obtained the performance rights to recreate any original direction, musical staging and/or choreography which will be used for a production.

5. **DISPUTE RESOLUTION:** Any dispute hereunder shall be resolved either by arbitration between the Employer and the SDC on behalf of the Artist pursuant to the applicable rules of the American Arbitration Association, or by other means if such means are agreed upon by all parties.

6. **RIDERS:** This Agreement encompasses all of the terms and conditions of the SDC Special Contract Agreement, dated January 1, 202 or any successor Agreement. Any additional terms must be set forth on a Rider to this Agreement and attached to each copy.

Accepted:
EMPLOYEE
 (Signature) _____
 (Please print name) _____
 Date _____
 Address _____
 _____ Zip _____
 Phone _____
 Email Address _____
 SDC Member in good standing? Yes No

Theatre must sign contract first.
EMPLOYER
 By (Signature) _____
 (Please print name) _____
 Date _____
 Address _____
 _____ Zip _____
 Phone _____
 Employer Registration No. _____
 Email Address _____

SDC APPROVAL:

By signing below, SDC acknowledges receipt and the applicability to this agreement for this employment.

SDC approved by _____ Date _____