

# LORT Form

## for Workshops, Experimental Productions, and Readings

In the case of any workshop productions, experimental productions, or readings (the Project) for which an SDC Member is employed for more than fourteen (14) days, the Theatre shall file this Form. The Form should be signed and filed with SDC. Attach all riders to each copy. The Theatre and the Director/Choreographer each must file one copy of this Form and any riders with SDC within five business days after signing or prior to the first rehearsal, whichever first occurs. This contract may be filed electronically by sending to [Contracts@SDCweb.org](mailto:Contracts@SDCweb.org) or emailing your designated Contract Affairs Representative.

The following constitutes our agreement:

1. The Theatre, \_\_\_\_\_, hereby engages the services of \_\_\_\_\_ as (Director) (Choreographer) (Director-Choreographer) and you accept such engagement with respect to the Project \_\_\_\_\_ to be performed at (name of stage) \_\_\_\_\_. Your services shall be rendered from \_\_\_\_\_ through \_\_\_\_\_. The Production shall be performed through \_\_\_\_\_.  
(starting date) (opening performance) (final performance)
2. In consideration of full and timely performance by you hereunder, the Theatre agrees to compensate you as follows:  
Compensation: \$ \_\_\_\_\_

The Theatre is authorized to send compensation to:

\_\_\_\_\_  
\_\_\_\_\_

Contribution to SDC-League Pension Fund: 8.8% of Compensation indicated above; increasing to 9.68% effective 4/15/27  
Contribution to SDC-League Health Fund: 50% of LOC rate

### 3. EFFECTIVE FOR SDC MEMBERS ONLY:

Effective immediately, the undersigned assigns to the SDC, three percent (3%) of all monies earned and to be earned as Director and/or Choreographer of the above-named Project 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 Project.

### 4. RIDERS: (Attach additional riders to each copy of this Form.)

Accepted:

DIRECTOR/CHOREOGRAPHER

(Signature)

Please type name

Date \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Member of SDC in Good Standing: yes \_\_\_ no \_\_\_

Theatre must sign Form first.

THEATRE \_\_\_\_\_

By \_\_\_\_\_  
(Signature)

Please type name

Date \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Employer Registration No. \_\_\_\_\_

(for Unemployment Insurance)



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