

321 W 44th Street, Suite 804 New York, NY 10036 TEL: 212.391.1070 FAX: 212.302.6195 www.SDCweb.org

This contract must be signed in quintuplicate. Attach all riders to each copy. The Theatre and the Director/Choreographer/ Director-Choreographer each must file one copy of this contract and any riders with SDC within five business days after signing or prior to the first rehearsal, whichever first occurs. Each party may retain one copy. One copy is for the agent or attorney of the Director/Choreographer/Director-Choreographer.

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The	e following constitutes our agreement:				
1.	This contract is subject to all terms and conditions of the Agreement between the Stage Directors and Choreographers Society, Inc. (SDC), and the New England Area Theatres (NEAT), effective September 1, 2 or its successor Agreements, and binds the Theatre to its terms for the duration of said Agreement.				
2.	The Theatre,	, NEAT stage cat as through the Play shall a	ing performance	, hereby engages the se and he/she accept His/her services shall be ren , with the first paid public pe	ervices of s such dered during erformance
3.	In consideration of full and timely performance by artist hereunder, the Theatre agrees to compensate artist as follows:				
	Compensation of \$ Compensation Schedule:	\$	_ upon firs	ning this contract t day of rehearsal t paid public performance	
4.5.6.7.	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 production and authorizes and directs the Theatre to deduct such amounts and remit same to the SDC. This assignment shall be irrevocable for the run of the above-named production. PENSION AND WELFARE: The Theatre shall make pension and welfare contributions to the SDC-League Pension and SDC-League Health Fund as specified in the SDC-NEAT Agreement. GRIEVANCE OR DISPUTE: Any grievance or dispute arising out of this contract shall be settled pursuant to the procedures contained in the SDC-NEAT Agreement. RIDERS: (Attach additional riders to each copy of this contract.)				
Ac	cepted:	Theatre m	nust sign co	ontract first.	
DIRECTOR/CHOREOGRAPHER		THEATRE	<u> </u>		
(Sig	nature)	,	(Signatur		
Please type name			Please type name		
Date		Date	Date		
Email		Email	Email		
Address		Address_	Address		
Phone		Phone _	Phone		
Social Security No.		Employer	Employer Registration No.		
Member of SDC in Good Standing: yes		no			