

This contract must be signed and filed with SDC. Attach all riders to each copy. The Theatre and the Associate/Assistant 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. This contract may be filed electronically by sending to Contracts@SDCweb.org or emailing your designated Contract Affairs Representative.

1. This Agreement is entered into on the _____ day of _____, 20____. Pursuant to all the terms and conditions herein set forth, _____ (Theatre/Producer/Production Company) agrees to engage the services of _____ (Artist) as _____, and he/she agrees to accept such engagement with respect to the production of _____ (the Play). The services of the Artist shall be rendered during pre-production and rehearsals of the Play from _____ through _____. The Play shall be performed through _____.
2. Theatre/Producer/Production Company agrees to compensate Artist as follows:
 TOTAL FEE (if any): \$_____

 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
 WEEKLY COMPENSATION (if any): \$_____
3. PENSION AND HEALTH: Theatre/Producer/Production Company shall make a Pension contribution and Health contribution to the SDC–League Pension and Health Funds as indicated in the SDC–OMS Agreement dated February 1, 2024. Such contributions shall be due prior to the first performance.
4. This Agreement incorporates Articles IX (Disputes) and Schedule E (Transportation & Per Diem) of the SDC/OMS Agreement dated February 1, 2024.
5. Dues Check-Off: SDC dues assessment of three percent (3%) shall be deducted from all compensation earned by the Artist and submitted to SDC by the RMT Theatre no later than seven days after the first performance.
6. Artist billing and biographical notes shall be subject to good faith negotiation between Artist and the OMS Theatre.
7. RIDERS: Additional riders to be attached to each copy of this Agreement.

Accepted:
 ARTIST
 (Signature) _____
 (Please type name) _____
 Date _____
 Address _____
 _____ Zip _____
 Phone _____
 Email Address _____
 Social Security No. _____
 Member of SDC in Good Standing: yes ___ no ___

Theatre must sign contract first:
 THEATRE/PRODUCER/PRODUCTION COMPANY
 By (Signature) _____
 (Please type name) _____
 Date _____
 Address _____
 _____ Zip _____
 Phone _____
 Email Address _____
 Employer Registration No. _____

_____ Copy