STAGE DIRECTORS AND CHOREOGRAPHERS SOCIETY

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ANTC

Submission of Pension and Health Payments on uncovered activity

This form must be completed and submitted with appropriate pension and health payments for all uncovered activity.

Theatre:_____ ANTC Category:_1_____

Production:_____

Check one: ☑ Primary/Main Stage ☐ Secondary/Second Stage ☐ Workshop

Director/Choreographer:_____

1st rehearsal:_____

1st Paid Public Performance:_____

Closing:_____

Pension Amount:_____

Health Amount:_____

Director/Choreographer Address:_____

_____

Director/Choreographer Phone:_____

Director/Choreographer Email:_____

THEATRE _____

_____
(Signature)

_____
Please type name

Date _____

Address _____

_____ Zip _____

Phone _____

Revised 7/1/09