SDC-LORT Extended Activity Form

This form is to be submitted by the Theatre responsible for payment prior to the extended activity.
Mail and fax to SDC, 1501 Broadway, Suite 1701, New York, NY 10036; FAX (212) 302-6195.
(Refer to schedule B for calculations)

THEATRE SUBMITTING FORM: _____

A — Original Production

Originating Theatre: _____ Category: _____

Name of Play/Musical: _____

Name of Director/Choreographer/Director-Choreographer: _____

First Reh: _____ Opening: _____ Closing: _____ Original Fee: $_____

B — Type of Extended Activity (choose one)

☐ **POST OPENING/BRUSH-UP WORK (Article VII. J. and K.)**

Dates Worked: _____ Post Opening/Brush-Up Payment: $_____

☐ **REVIVAL (Article XI. A.)** Revival Type (check one): ☐ Revival in same season ☐ Revival in subsequent season

Revival Rehearsal Period: _____ through _____ Closing Date_____ # of perfs_____

Revival Fee Due: $_____

☐ **EXTENSION (Article XI. B.)**

Extension Rehearsal Period (if any): _____ through _____ Extension Reh. Fee Due: $_____

Extension Performance Information and Payment Type/Amount (choose one):

Extension Perf. Period: _____ through _____ Total Number of Extended Performances: _____

○ Recognition Payment Due (if calculated Per Article XI. B.) $ _____

○ Recognition Payment Per Week (If negotiated higher than calculations above) $ _____

○ Recognition Payment Percentage (if negotiated as a % of gross-must exceed calculations above) $ _____

☐ **TRANSFERS (Article XII.)**

○ FROM Transferor Theatre:	Category	First Reh.	Opening Perf.	Closing Perf.	No. of Reh Days

○ TO Tranferee Theatre(s):	Category	First Reh.	Opening Perf.	Closing Perf.	No. of Reh Days

PAYMENT DUE: ☐ Transfer Rehearsal Payment $_____ -OR- ☐ Transfer Recognition Payment $_____

☐ **TOURS (Article XI. C.)**

Was the Director/Choreographer/Director-Choreographer notified in writing prior to the original contract? ☐ Yes ☐ No

Tour Reh. Period: _____ through _____ Tour Reh. Payment Due: $_____

Total # Tour Performances: _____ Tour Performances Recognition Payment Due: $_____

☐ **ELECTRONIC REPRODUCTION AND/OR TRANSMISSION (Article XVI.)**

Electronic Reproduction and/or Transmission Payment Due (no less than original fee shown in Section A) $_____

C — Signatures (must be signed by both parties)

_____	_____	_____
Director/Choreographer/Director-Choreographer	Social Security Number	Date
_____	_____	_____
Managing Director/General Manager	Theatre	Date

THEATRE WILL BE BILLED BY SDC FOR APPLICABLE PENSION AND HEALTH CONTRIBUTIONS

Revised 10/1/09