SDC-LORT Developmental Work
Pension & Health Contribution Report

This form is to be submitted by the Theatre responsible for payment prior to the developmental work:
Mail and fax or email to SDC, 1501 Broadway, Suite 1701, New York, NY 10036; FAX (212) 302-6195
(Refer to Article C.1 for calculations)

Theatre Submitting Form: _____

Name of Project: _____

SDC Member: _____

Please check one of the following:

_Director _Choreographer _Director/Choreographer

First Day Worked: _____ Final Day Worked:_____

Total # of Days Worked: _____

Total Contribution Due to SDC/League Pension & Health Funds: _____
(calculated at rate of $25 per day worked)

Actors engaged pursuant to:

_LORT-AEA Stage Reading Guidelines

_LORT-AEA Casual Employment Rider

_LORT-AEA Experimental Theatre Contract

_Other LORT-AEA developmental work contract: _____

_____ _____
Theatre Signature Date

_____
Print Name

DEVELOPMENTAL WORK CONTRIBUTIONS SHALL BE DUE IN FULL NO LATER THAN TWO WEEKS AFTER THE FINAL DAY WORKED

STAGE DIRECTORS AND CHOREOGRAPHERS SOCIETY

1501 Broadway, Suite 1701
New York, NY 10036-5653
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www.SDCweb.org