LORT Form

for Workshops, Experimental Productions, and Readings

In the case of any workshop productions, experimental productions, or readings (the Project) for which an SDC member is employed for more than fourteen (14) days, the Theatre shall file this Form. The Form should be signed in quintuplicate. Attach all riders to each copy. The Theatre and the Director/Choreographer each must file one copy of this Form 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.

The following constitutes our agreement:

1. The Theatre, _____, hereby engages the services of _____ as --select one-- and you accept such engagement with respect to the Project _____ to be performed at (name of stage) _____. Your services shall be rendered from _____ (starting date) through _____ (opening performance). The Production shall be performed through_____ (final performance).

2. In consideration of full and timely performance by you hereunder, the Theatre agrees to compensate you as follows:

   Compensation: $_____

   The Theatre is authorized to send compensation to:

   _____

   _____

   Contribution to SDC/League Pension Fund: 5% of Compensation indicated above.
   Contribution to SDC/League Health Fund: 50% of LOC rate

3. EFFECTIVE FOR SDC MEMBERS ONLY:

   Effective immediately, the undersigned assigns to the SDC, two and one-half percent (2 1/2 %) of all monies earned and to be earned as Director and/or Choreographer of the above-named Project and authorizes and directs the Theatre to deduct such amounts and remit same to the SDC. This assignment shall be irrevocable for the term of the above-named Project.

4. RIDERS: (Attach additional riders to each copy of this Form.)

Accepted:

DIRECTOR/CHOREOGRAPHER

_____
(Signature)

_____
Please type name

Date _____

Address_____

_____ Zip_____

Phone_____

Email Address _____

Social Security No._____

Member of SDC in Good Standing: yes ___ no____

Theatre must sign Form first.

THEATRE_____

By_____
(Signature)

_____
Please type name

Date_____

Address_____

_____ Zip _____

Phone_____

Email Address _____

Employer Registration No._____
(for Unemployment Insurance)

STAGE DIRECTORS AND CHOREOGRAPHERS SOCIETY

1501 Broadway, Suite 1701
New York, NY 10036-5653
TEL: 212.391.1070 FAX: 212.302.6195
www.SDCweb.org

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--select one--