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

This contract must be signed in quintuplicate. Attach all riders to each copy. The Theatre and the Director/Choreographer 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. Each party may retain one copy. One copy is for the agent or attorney of the Director/Choreographer.

The following constitutes our agreement:

1. This contract is subject to all terms and conditions of the Agreement between the Stage Directors and Choreographers Society, Inc. (SDC), and the League of Resident Theatres (LORT), effective April 15, 2009, or its successor Agreement, and binds the Theatre to its terms for the duration of said Agreement.

2. The Theatre, _____, LORT stage category _____, hereby engages the services of _____ as --select one-- and you accept such engagement with respect to the Production _____. Your services shall be rendered during rehearsals of the Production from _____ (starting date) through _____ (opening performance). The Production shall be performed through _____ (final performance).

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

   SALARY/FEE AND PAYMENT SCHEDULE:

   A Salary of $ _____ (at $ _____ per week _____ for weeks)
   A Fee of $ _____ Fee Schedule: $ _____ upon signing this contract
   $ _____ upon first day of rehearsal
   $ _____ upon first day of the last week of rehearsal

   The Theatre is authorized to send compensation to:

   _____

   _____

4. 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 Production 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 Production.

5. RIDERS: (Attach additional riders to each copy of this contract.)

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 contract first.

THEATRE _____

By _____
(Signature)

_____
Please type name

Date _____

Address _____

_____ Zip _____

Phone _____

Email address _____

Employer Registration No. _____
(for Unemployment Insurance)

LORT

Revised 10/1/09

--select one--