



1501 Broadway, Suite 1701
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This agreement must be signed in quintuplicate. The Theatre/Producer must file one copy with SDC upon execution. The Director-Choreographer must file one copy upon execution. Each party retains one copy. One copy is for the agent or attorney of employee. The Director-Choreographer shall not commence rehearsal until a fully executed copy of this Agreement has been filed with SDC.

The following constitutes our Agreement:

- 1. This contract is subject to all terms and conditions of the Collective Bargaining Agreement between SDC and Outdoor Musical Stock Theatres (OMS), dated February 1, 2010 (the "CBA"), and binds the Theatre/Producer to its terms for its duration.
2. Theatre agrees to engage the services of (Artist) as (Director) (Choreographer) (Director-Choreographer) and Artist accepts such engagement with respect to the play entitled: Artist's services shall be rendered during rehearsals of the play from (starting date) through (opening performance) for a total of rehearsal days.
3. The play is scheduled to be performed at the following theatres on the following dates (attach Rider if more space is needed):

4. In consideration of full and timely performance by Artist hereunder, Theatre/Producer agrees to pay Artist the following:

A. Salary B. Royalties
\$ for up to ten days of rehearsal \$ per performance week, for weeks,
\$ for days of rehearsal beginning week ending through week
in excess of ten at \$ per day ending.
\$ Total Salary

Theatre/Producer is authorized to send salary and royalty to:

- 5. Artist authorizes Theatre to deduct two and one half percent (2.5%) assessments from all monies earned under this Agreement, and the Theatre shall remit same to SDC as specified in the CBA indicated above.
6. Theatre/Producer shall make pension and health contributions to the SDC-League Pension Fund and the SDC-League Health Fund as specified in the CBA indicated above.
7. Riders (attach to each copy as needed):
8. Any dispute arising out of this Agreement shall be settled by arbitration pursuant to the CBA indicated above.

DIRECTOR/CHOREOGRAPHER
(Signature)
(Please type name)
Date
Address
Zip
Phone
Social Security No.
Email Address
Member of SDC Yes No

THEATRE/PRODUCER (Theatre must sign contract first)
By (Signature)
(Please type name)
Date
Address
Zip
Phone
Email Address
Employer Federal I.D. No.