



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 of SDC and the Council of Resident Stock Theatres (CORST), dated January 1, 2024, or its successor Agreement, and binds the Theatre/Producer to its terms for the duration of said Agreement.

CORST Category X_____ Y_____ Z_____ ZZ_____

2. Theatre agrees to engage the services of (Artist) _____ as (Director) (Choreographer) (Director and Artist accepts such engagement with respect to the play _____).
Artist's services shall be rendered during rehearsals of the play from _____ (starting date) through _____ (first public 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 the Artist hereunder, Theatre/Producer agrees to pay Artist the following:

A. Salary

\$_____ for up to eight days of rehearsal

\$_____ for _____ days of rehearsal

in excess of eight at \$_____ per day

B. Royalties

\$_____ per performance week for _____ weeks.,

beginning week ending _____ through week ending _____.

(indicate on rider any weeks in which there are fewer or more than eight performances.)

\$_____ **Total Salary**

Theatre/Producer is authorized to send salary to: _____

5. Artist authorizes Theatre to deduct three percent (3%) assessments from all monies earned under this Agreement, and the Theatre shall remit same to SDC no later than seven days after the final performance of the production.
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 Collective Bargaining Agreement 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 agreement indicated above.

DIRECTOR/CHOREOGRAPHER

(Signature) _____

(Please print name) _____

Date _____

Address _____

_____ Zip _____

Phone _____

Email Address. _____

Member of SDC Yes No

THEATRE/PRODUCER (Theatre must sign contract first)

By (Signature) _____

(Please print name) _____

Date _____

Address _____

_____ Zip _____

Phone _____

Email Address _____

Employer Federal I.D. No. _____