

LORT Open Contract

This LORT Open Contract ("LOC") must be signed in quintuplicate. Attach all riders to each copy. The Theatre and the Director/Choreographer each must file one copy of this LOC 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. Except as otherwise provided herein at Section 3, this LOC 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:

2. The Theatre, _____, hereby engages the services of _____ as (Director) (Choreographer) (Director-Choreographer) and you accept such engagement with respect to the Production _____ to be performed at (name of stage) _____. Your services shall be rendered during rehearsals of the Production from _____ through _____. The Production shall be performed through _____.
(starting date) (opening performance)
(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. PENSION/HEALTH CONTRIBUTIONS

Contribution to SDC/League Pension Fund: 8% of Salary/Fee above.
Contribution to SDC/League Health Fund: \$640
For Short-Term Choreography: 5% pension and 50% of the above-stated health contribution

5. 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.

6. RIDERS: (Attach additional riders to each copy of this LOC.)

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 LOC first.
THEATRE _____
By _____
(Signature)
Please type name
Date _____
Address _____

Zip _____
Phone _____
Email Address _____
Employer Registration No. _____
(for Unemployment Insurance)

