



**UNITED SCENIC ARTISTS • LOCAL USA 829 • IATSE**

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**2012-2017 LEAGUE OF RESIDENT THEATRES – SUPPLEMENT TO THE COVER SHEET – PROJECTION DESIGN**

*This Supplement must be signed and submitted in quadruplicate. The Theatre will fax one copy of this Supplement to the Union simultaneously with delivery to Designer. Within seven (7) business days after receipt of the signed copy from the Designer, the Theatre will file one copy with the Union.*

**NAME OF THEATRE:** \_\_\_\_\_ **STAGE CATEGORY:**

**NAME OF STAGE:** \_\_\_\_\_  **A+**  **A**  **B+**  **B**

**NAME OF DESIGNER:** \_\_\_\_\_  **C-1**  **C-2**  **D**

**CATEGORY:** **PROJECTION**

**NAME OF PRODUCTION:** \_\_\_\_\_

**1. EXTENSION:**

The Production has been extended beyond its originally scheduled number of performances: from \_\_\_\_\_ to \_\_\_\_\_. The Designer is to be paid Additional Weekly Compensation totaling \$ \_\_\_\_\_ which represents \_\_\_\_\_ weeks plus \_\_\_\_\_ performances.

**2. REVIVAL OR TOUR:**

The Production is to be revived or toured from \_\_\_\_\_ to \_\_\_\_\_. Designer is to be paid \$ \_\_\_\_\_

**3. ADDITIONAL WORK:**

In connection with the Production, the Designer will provide additional work at the applicable Daily Rate of \$ \_\_\_\_\_ per day for \_\_\_\_\_ days, beginning \_\_\_\_\_. Dates of Residence if agreed \_\_\_\_\_ - \_\_\_\_\_

**4. CAPTURE:**

A. For a **non-commercial broadcast** of the Production to be aired on or about \_\_\_\_\_ the Theatre will pay, or cause to be paid, to the Designer the fee of: \$ \_\_\_\_\_

B. For a **commercial broadcast** of the Production is to be aired on or about \_\_\_\_\_ the Theatre will pay, or cause to be paid, to the Designer the fee of: \$ \_\_\_\_\_

**5. POSTPONEMENT:**

The Production has been postponed as of: \_\_\_\_\_ or until: \_\_\_\_\_ (if known). Additional Payment made, if required: \$ \_\_\_\_\_

**6. ABANDONMENT:**

The Production has been abandoned on: \_\_\_\_\_

The Designer has been paid: \$ \_\_\_\_\_, which represents \_\_\_\_\_ % of the original fee.

**ACCEPTED by Designer:**

**ACCEPTED for Theatre by:**

SIGNATURE \_\_\_\_\_

SIGNATURE \_\_\_\_\_

PRINT NAME AND TITLE \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_

PHONE \_\_\_\_\_

SIGNING DATE \_\_\_\_\_

SIGNING DATE \_\_\_\_\_

**ACCEPTED by United Scenic Artists, Local USA 829, IATSE:**

NAME \_\_\_\_\_ DATE \_\_\_\_\_ USA 829 CONTRACT # \_\_\_\_\_