

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, 2017, 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 (Director) (Choreographer) (Director-Choreographer) and you accept such engagement with respect to the Production _____. 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. 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)