



UNITED SCENIC ARTISTS • LOCAL USA 829 • IATSE

2024-2028 LEAGUE OF RESIDENT THEATRES

SUPPLEMENT TO THE COVER SHEET

This Supplement must be signed and submitted to livedesignjob@usa829.org. The Theatre will email a 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. The Designer's signature is not required if the Theatre is only reporting a payment and no additional work is being performed by the Designer.

NAME OF THEATRE: _____

STAGE CATEGORY:

NAME OF STAGE: _____

A+ A B+ B

NAME OF DESIGNER: _____

C-1 C-2 D

DESIGN CATEGORY: SCENERY COSTUMES LIGHTING SOUND

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/BROADCAST/DIGITAL EXTENSION/DIGITAL REVIVAL:

A. For a non-commercial / 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 digital extension after initial streaming period / digital revival of the Production on or about _____, which is free to viewers / paid by viewers, 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 # _____