



UNITED SCENIC ARTISTS • LOCAL USA 829 • IATSE
2017-2022 LEAGUE OF RESIDENT THEATRES
SUPPLEMENT TO THE COVER SHEET

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**
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:

- 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 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 # _____