

SDC-LORT Associate Director and Associate Choreographer Form

This form must be signed and filed with SDC. Attach all riders to each copy. The Theatre and the Associate each must file one copy of this form and any riders with SDC. This contract may be filed electronically by sending to Contracts@SDCweb.org or emailing your designated Contract Affairs Representative.

- This agreement is entered into on the ___ day of _____, 20__ between _____ (the Theatre) and _____, engaged as _____, with respect to the production of _____ (the Play). Services will be/have been rendered from _____ through _____, with first performance on _____.
(starting date) (ending date) (first performance)
- Compensation for the Associate is as follows:
 Weekly compensation of \$_____

 Other (only if engaged on a part-time basis): See Rider
- Contributions to the SDC-League Pension and Health Funds shall be as follows:
 Total Pension Contribution : 8.8% of total compensation; increasing to 9.68% effective 4/15/27.
 Weekly Health contribution:
 - \$200 per week
 - For part-time employment, 1/6 of amount above for each day for which services are provided
- BILLING:** The Associate shall be billed in the program.
- ARBITRATION:** Any dispute hereunder shall be resolved pursuant to arbitration per Article 24 of the SDC-LORT Agreement.
- EQUITY, DIVERSITY, INCLUSION, AND ACCESS; NON-DISCRIMINATION, ANTI-HARASSMENT:** The Associate shall be covered by Article 23 of the SDC-LORT Agreement.
- FOR SDC MEMBERS ONLY:** Effective immediately, the undersigned assigns to SDC three percent (3%) of all monies earned and to be earned as Associate of the above-named Production and authorizes and directs the Theatre to deduct such amounts and remit same to SDC. This assignment shall be irrevocable for the term of the above-named Production.
- RIDERS:** (Attach additional riders to each copy of this form.)

Accepted:
ASSOCIATE

(Signature)

Please type name

Date _____

Address _____

_____ Zip _____

Phone _____

Email Address _____

Member of SDC in Good Standing: yes___ no___

Revised 7/15/24

Theatre must sign Form first.

THEATRE

By _____
(Signature)

Please type name

Date _____

Address _____

_____ Zip _____

Phone _____

Email Address _____

Employer Registration No. _____
(for Unemployment Insurance)