UNITED SCENIC ARTISTS • LOCAL USA 829 • IATSE

2025-2030 OFF-BROADWAY LEAGUE: SUPPLEMENT TO THE COVER SHEET

This Cover Sheet must be signed and submitted with all Riders attached to livedesignjob@usa829.org. The Employer will email a copy of the Cover Sheet and all Riders to the Union concurrently with delivery to the Designer. Within seven (7) business days after receipt of the signed copy from the Designer, the Employer will file a copy with the Union. The Designer shall not be required to furnish any designs until the Cover Sheet has been executed by the Employer.

NAME OF EMPLOYER: _____ ☐ **COMMERCIAL** ☐ **NOT-FOR-PROFIT**

NAME OF THEATRE: _____ **TIER:** ☐ **A** ☐ **B** ☐ **C** ☐ **D**

NAME OF DESIGNER: _____ ☐ **1** ☐ **2** ☐ **3** ☐ **4** ☐ **5**

DESIGN CATEGORY: ☐ **SCENERY** ☐ **COSTUMES** ☐ **LIGHTING** ☐ **SOUND** ☐ **PROJECTIONS**

PRODUCTION NAME: _____

1. **REMOUNTS AND REVIVALS:**
   The Production is to be remounted or revived from _____ to _____. Designer is to be paid $_____.
2. **MOVES:**
   The Production is to be moved to the theatre above with a capacity of _____ seats from _____ to _____.
3. **TOURS:**
   The Production is to be toured from _____ to _____. Designer is to be paid $_____ which will include _____ days of Designer's services in connection with the redesign, rehearsals, technical rehearsals, and/or previews.
4. **CAPTURE:**
   A. For a **non-commercial broadcast** of the Production to be aired on or about _____ the Employer will pay, or cause to be paid, to the Designer $_____.
   B. For a **commercial broadcast** of the Production to be aired on or about _____ the Employer will pay, or cause to be paid, to the Designer $_____.
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.
7. **ADDITIONAL WORK:**
   In connection with the Production, the Designer will provide additional work at the applicable Daily Rate of $_____ per day for _____ days for a total of $_____.

DUES CHECK-OFF AUTHORIZATION: I, the undersigned Designer hereby assign the United Scenic Artists, Local USA 829, IATSE, **two percent (2%)** of all wages earned and to be earned by me as an employee, and authorize and direct my Employer to deduct such **two percent (2%)** from my wages and remit same to said Union. This assignment shall be irrevocable for a period consisting of either one (1) year or until termination of the applicable collective bargaining agreement, whichever is sooner, and shall be automatically renewed, with the same irrevocability for successive like periods unless terminated by me in writing not more than twenty (20) days prior to the expiration of any such period. In signing this contract, I voluntarily authorize the dues deduction, knowing that it is not a condition of employment and intending that the amounts deducted be **remitted to the Union** to be applied to my account for Union membership dues or, if not a Union member, in payment of the same percentage of earnings as members pay to help defray the cost of operating the Union.

ACCEPTED: by Employer	**ACCEPTED: by Union**	**ACCEPTED: by Designer**
SIGN NAME _____	SIGN NAME _____	SIGN NAME _____
PRINT NAME _____	PRINT NAME _____	PRINT NAME _____
SIGNING DATE _____	SIGNING DATE _____	SIGNING DATE _____
STREET ADDRESS _____		STREET ADDRESS _____
CITY, STATE and ZIP _____	**IS A RIDER ATTACHED?** ☐ **YES** ☐ **NO**	CITY, STATE and ZIP _____
PHONE _____		PHONE _____
E-MAIL _____		E-MAIL _____