AMERICAN FEDERATION OF MUSICIANS REPORT FORM
FOR ALL VIDEOTAPE/LIVE TELEVISION/CABLE TV/PUBLIC TV

RP**No.**

DATE:_____

NAME OF PROGRAM: _____

TITLE OR SHOW NO.: _____

GUEST STARS: _____

PRODUCER: _____

PRODUCER'S ADDRESS: _____

NETWORK: _____ STATION: _____

TAPE DATE: _____ AIR DATE: _____

RE-USE DATE: _____ PROGRAM LENGTH: _____

Additional Info
_____ Theme
_____ Variety Shows
_____ Other Program _____
_____ Award Show
_____ Anniversary Show
_____ Daytime Serial
_____ Game Show

Check here if
_____ Compilation
_____ Clip Use
_____ Needle Drop _____ Hrs.
_____ Late Payment Incl.
_____ Excerpt Use
_____ Bank Act

MEMO

ORIGINAL SESSION   AFM Local No.: _____

Recording Date: _____ No. of Musicians: _____

Recording Studio: _____

City: _____ State: _____

Hours of Employment: _____

RE-USE, NEW USE OR OTHER

Original Report Form No.: _____

Original Recording Date: _____

Check 1 and only 1 from each of these three columns.

Payment Type	Medium	Rates
Original Production	Videotape (Comm'l Network)	Domestic (Nat'l)
Re-Use	Videotape (Comm'l Synd)	Foreign
Supp. Mkt.	Cable (Non-Standard Pay TV)	Local
Upgrade	Basic Cable	Audition
Excerpt Use	TNN	Other
New Use	Public TV	
Other	TV Station I.D.'s	
	Telethon	
	Videocassette Release	
	In-Flight	
	Other _____	

SIGNATORY OF RECORD

FOR SESSION PAYMENTS: _____ Address: _____

Pension Contributions To Be Paid By (if different):_____

FOR ALL OTHER PAYMENTS: _____ Address: _____

Pension Contributions To Be Paid By (if different): _____

The terms and conditions of the engagement covered by this Report From include the terms and conditions of the applicable AFM Agreement in effect at the time of such engagement.

Signatory of Record's Signature: _____ Leader's Signature: _____

Print Name of Signer: _____ Phone: _____ Leader's Phone: _____

REHEARSALS/PRE-RECORD/TAPE USE

Date	Start	Dism'd	Hours	Span

PAY SCHEDULE

Air & Min. Reh. $ _____   Meal Pen.: _____

Add. Reh./Pre-Rec.: _____   Wrdrbe./Make-up: _____

Use of Track: _____   Mult. Spon.: _____

Span: _____   Total Base: _____

LOCAL UNION NO. --------- CARD NO.	EMPLOYEE'S NAME (As on Social Security Card) LAST FIRST INIT. (Instrument(s))	HOME ADDRESS (Give Street, City & State)	SOCIAL SECURITY NUMBER	NO. of DBLS	WAGES (1) ------------ CARTAGE	PENSION	H&W WHERE APPLICABLE
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(1) Insert overscale wages being paid.

Include all music prep. information on this form or a continuation sheet, with copies of invoices attached.

FOR FUND USE ONLY:

TOTAL PENSION CONTRIBUTIONS	
TOTAL H & W CONTRIBUTIONS	

FORM B-8/Rev. 9-96

AMERICAN FEDERATION OF MUSICIANS REPORT FORM
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Continuation Sheet

Program Name: _____

Recording Date: _____   Report Form No.:_____

Leader's Name: _____   Page:___ of _____

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