AMERICAN FEDERATION OF MUSICIANS REPORT FORM FOR SYMPHONY, OPERA & BALLET AUDIO-VISUAL AGREEMENT

RPNo.

TODAY'S DATE: _____ AFM Local No.: _____
Number of Musicians: _____
Recording Location: _____
City: _____ State: _____
Hours of Employment: _____

Recording Date: _____ Original Report Form No.: _____

SUPPLEMENTAL MARKETS: NEW USE RE-USE
☐ Standard Television ☐ ☐
☐ Non-Standard TV
☐ Home Video
IF RE-USE ON NAT'L PUBLIC TV CHECK HERE ☐

ORIGINAL PRODUCTION (COMPLETE FOR NEW/RE-USE):

FIRST RELEASE _____
NAME OF PROGRAM: _____
TITLE OR SHOW NO.: _____
GUEST STARS: _____
PRODUCER: _____
PRODUCER ADDRESS: _____
NETWORK: _____
FIRST RELEASE DATE: _____

CHECK ONLY ONE FROM BELOW:
☐ Standard Television
☐ Non-Standard Television
☐ Home Video

ADDITIONAL INFORMATION
CHECK ONLY ONE FROM BELOW:
☐ Documentary (Incidental Material)
☐ Pre-Recorded Ballet Music
☐ Theme Music
☐ Clip/Compilation
☐ Telethon

CHECK ALL THAT APPLY:
☐ If Svc. Conversion Check Here
☐ If Prod. Allowance Met Check Here
☐ If Foreign Mkts. Check Here

IMPRINTS (Enter Amt. of Imprints that Apply)
☐ Regular Imprint Credit (Simultaneous)
☐ Regular Imprint Credit (Not Simultaneous)
☐ Special Call Imprint Credit (Material Taped)
☐ Special Call Imprint Credit (3 hour test block)
☐ Special Call Imprint Credit (2.5 hour svc. no AV material taped)

NOTES:

FOR SESSION PAYMENTS/IMPRINTS:
EMPLOYER: _____
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 current AFM Symphony, Opera & Ballet Audio-Visual Agreement in effect at the time of such engagement.

Employer's Signature: _____ Personnel Manager's/Leader's Signature: _____
Print Name of Signer: _____ Personnel Manager's Phone: _____
Phone: _____

REHEARSALS/SPECIAL CALL IMPRINTS/NEEDLE DROP				
Date	Start	Dism'd	Hours	Span (Subject to O.T.)

REHEARSALS/SPECIAL CALL IMPRINTS/NEEDLE DROP				
Date	Start	Dism'd	Hours	Span (Subject to O.T.)

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

---	(ARR)						
---	(ORC)						
---	(COPY)						

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-11/Rev. 7-96

AMERICAN FEDERATION OF MUSICIANS REPORT FORM
FOR SYMPHONY, OPERA & BALLET AUDIO-VISUAL AGREEMENT
Continuation Sheet

RP No.

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

				TOTAL PENSION CONTRIBUTIONS			
				TOTAL H & W CONTRIBUTIONS			

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