



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 ___
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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: _____	ADDITIONAL INFORMATION CHECK ONLY ONE FROM BELOW: ___ Documentary (Incidental Material) ___ Pre-Recorded Ballet Music ___ Theme Music ___ Clip/Compilation ___ Telethon	IMPRINTS (Enter Amt. of Imprints that Apply) ___ Regular Imprint Credit (Simultaneous) ___ Regular Imprint Credit (Non-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)
CHECK ONLY ONE FROM BELOW: ___ Standard Television ___ Non-Standard Television ___ Home Video	CHECK ALL THAT APPLY: ___ If Svc. Conversion Check Here ___ If Prod. Allowance Met Check Here ___ If Foreign Mkts. Check Here	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 Form 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: _____

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

REHEARSAL/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 INIT. (Instrument(s))	HOME ADDRESS (Give Street, City & State)	SOCIAL SECURITY NUMBER	NO. of DBLS	WAGES	PENSION	H&W WHERE APPLICABLE
-----	(LDR)						

-----	(APR)						
-----	(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: