

Application to Employ Actors Under the Dinner Theatre Artist Agreement

Complete and submit to the appropriate Equity office at least three weeks prior to the first rehearsal date. After this application has been processed by Actors' Equity Association, you will be notified if permission has been granted.

Date of Application:

EMPLOYER INFORMATION											
Producing Organization:								Federal	Federal ID #:		
Mailing Address:											
City:	State: Zip: Phone:								x:		
Will salary be paid through Producing Organization's Payroll Paymaster? If Paymaster, list name, address, phone:											
Paymaster's Name: Phone:											
Paymaster's Address:											
Complete the following three items based on the organization through which salary will be paid. (Producer or Paymaster)											
Federal ID #:											
Unemployment Insurance Registration Number : St									State:		
Workers' Compensation Carrier: Policy #:											
Producing Organization Contact: Title:											
Mailing Address: Email:											
City:	State: Zip:				Phone: Fa			Fax	x:		
Name of Producer Authorized to Sign Contract(s):											
Phone:	Fax:				Email:						
PRODUCTION INFORMATION											
Show (exact title): Type: Select One											
Equity First Rehearsal Date:	First Rehearsal Date: Opening:					Closing:					
Theatre Facility:											
Address:											
City:	State:			Zip:		Box Office Phone:		ie:			
Backstage Phone:	Seatir			apacity:	Ticket Prices:		rices:				
Stage Type: Select One	Floor Type: Select One										

All performers and stage managers must be AEA	A members in good sta	anding.									
Actor Name:		AEA Member ID #:									
Mailing Address:											
City:		State: Zip:			Phone:						
Role:			•								
Weekly Rehearsal Salary:	hearsal Salary: Weekly Performance Salary:										
1 st Rehearsal:	Opening:			Closing:							
Per Diem:											
Actor Name:	AEA Member ID #:										
Mailing Address:	ldress:										
City:					Phone:						
Role:											
Weekly Rehearsal Salary:	alary: Weekly Performance Salary:										
1 st Rehearsal:	Opening:			Closing:							
Per Diem:											
Actor Name:	AEA Member ID #:										
Mailing Address:	Address:										
City:		State: Zip:			Phone:						
Role:											
Weekly Rehearsal Salary:	al Salary: Weekly Performance Salary:										
1 st Rehearsal:	Opening:			Closing:							
Per Diem:											
Actor Name:	AEA Member ID #:										
Mailing Address:											
City:		State:	Zip:		Phone:						
Role:											
Weekly Rehearsal Salary:	al Salary: Weekly Performance Salary:										
1 st Rehearsal:	Opening:				losing:						
Per Diem:											
Stage Manager Name:	Name: AEA Member ID #:										
Mailing Address:											
City:	State:	tate: Zip:		Phone:							
Role:	-										
Weekly Rehearsal Salary:	al Salary: Weekly Performance Salary:										
1 st Rehearsal:	Opening:			Closing:							
Per Diem:											
	-	-									

Applications may be emailed, mailed or faxed to the appropriate Equity office. (Contact the Dinner Theatre Artist Business Representative in your region for an appropriate email address.) Please submit as soon as possible. Upon receipt, you will be notified regarding the amounts needed to process your contracts. It may take a minimum of three weeks from the date your checks arrive at Equity to process your request, so please plan accordingly. No Equity actor or stage manager may begin rehearsals without having signed an Equity contract. Do NOT send checks until your application has been processed, approved, and you receive a permission letter.

^{*} If the actor or stage manager's home address (as listed with Actors' Equity Association) is 50 miles or more from the theatre, housing must be provided, and per diem must be paid. Consult the Dinner Theatre Artist Agreement or contact your Equity Business Representative for more information.