



AMERICAN FEDERATION OF MUSICIANS REPORT FORM
FOR ALL MOTION PICTURES - THEATRICAL & TELEVISION FILM (STANDARD, NON-STANDARD & BASIC CABLE),
INDUSTRIAL (NON-THEATRICAL-NON-TV), MISCELLANEOUS, LOW BUDGET FILMS
RPLA N^o.

Date: _____
 Title of Picture/Program and/or Prod. No.: _____

 Title of Episode: _____
 Episode No.: _____
 Length of Program: _____
 Producer: _____
 Producer's Address: _____

 AFM Project # _____
 _____ Assumption Agmt. On File (indicate parties & dates in memo box)

ADDITIONAL INFO

Check each category that applies.

<input type="checkbox"/> Network	<input type="checkbox"/> Non-Dramatic
<input type="checkbox"/> Syndicated	<input type="checkbox"/> Mini-Series
<input type="checkbox"/> Prime Time	<input type="checkbox"/> Animated Film
<input type="checkbox"/> Non-Prime Time	<input type="checkbox"/> Late Penalty Incl.
<input type="checkbox"/> Dramatic	

MEMO

ORIGINAL SESSION AFM Local No.: _____
 Recording Date: _____ No. of Musicians: _____
 Recording Studio: _____
 City: _____ State: _____
 Hours of Employment: _____
 Total Session Hrs.: _____

RE-USE, DUBBING, NEW USE OR OTHER
 Original Report Form No.: _____
 Original Recording Date: _____

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

Payment Type	Medium
<input type="checkbox"/> Original Session	<input type="checkbox"/> Theatrical Motion Picture
<input type="checkbox"/> Sideline Only	<input type="checkbox"/> Television Film
<input type="checkbox"/> Sideline w / Audio	<input type="checkbox"/> Non-Standard TV (Pay Cable) Film
<input type="checkbox"/> Excerpt Use	<input type="checkbox"/> Basic Cable TV Film
<input type="checkbox"/> New Use Phono	<input type="checkbox"/> Industrial
<input type="checkbox"/> New Use Other	<input type="checkbox"/> (Non-Theatrical-Non-TV)
<input type="checkbox"/> Emergency Track	<input type="checkbox"/> Low Budget Theatrical Film
<input type="checkbox"/> Unused Recording Hrs.	<input type="checkbox"/> Low Budget TV Film
<input type="checkbox"/> Trailer	<input type="checkbox"/> Direct to Cassette
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

SIGNATORY OF RECORD: _____
 Address: _____ Phone: _____
 Pension Contributions To Be Paid By (if different): _____
 Address: _____ Phone: _____

Conditions of employment shall be in accordance with the provisions contained in the Wage Scales, Hours of Employment and Working Conditions in the basic collective bargaining agreement executed between the A.F. of M. and the Signatory.

Representative of Employee's Signature _____

LOCAL UNION NO. CARD NO.	EMPLOYEE'S NAME (AS ON SOCIAL SECURITY CARD)			HOME ADDRESS (Give Street, City & State)	SOCIAL SECURITY NUMBER (EID as applicable)	HRS. GUAR.	HRS. WK'D	SCALE WAGES (1) DBL		PENSION	H & W WHERE APPLICABLE
	LAST	FIRST	INITIAL (Instrument(s))					CARTAGE			
1.			(LDR)						<input type="checkbox"/>		
2.									<input type="checkbox"/>		
3.									<input type="checkbox"/>		
4.									<input type="checkbox"/>		
5.									<input type="checkbox"/>		
6.									<input type="checkbox"/>		
7.									<input type="checkbox"/>		
8.									<input type="checkbox"/>		
9.									<input type="checkbox"/>		

Make Pension checks payable to AFM EP FUND and send direct with copy of contract to FDR Station, P.O. box 19155, Newark, NJ 07195-0155. Make TVF or MP checks payable to MPH&W and send to Local 47 with payroll. Make Non-Theatrical checks payable to Local 47 H&W and send to Local 47 with payroll.

(1) Insert overscale wages being paid.
 Include all music prep. information on this form or continuation sheet, with copies of invoices attached.

FOR FUND USE ONLY:

TOTAL PENSION CONTRIBUTIONS	
TOTAL H&W CONTRIBUTIONS	

AMERICAN FEDERATION OF MUSICIANS REPORT FORM
MOTION PICTURES - THEATRICAL & TELEVISION FILM (STANDARD, NON-STANDARD & BASIC CABLE),
INDUSTRIAL (NON-THEATRICAL-NON-TV), MISCELLANEOUS, LOW BUDGET FILMS
Continuation Sheet RP/LA N⁰.

Title of Picture: _____

Signator: _____

Leader: _____

LOCAL UNION NO. ----- CARD NO.	EMPLOYEE'S NAME (AS ON SOCIAL SECURITY CARD)			HOME ADDRESS (Give Street, City & State)	SOCIAL SECURITY NUMBER (EID as applicable)	HRS. GUAR.	HRS. WK'D	SCALE WAGES (1)	PENSION	H & W WHERE APPLICABLE
	LAST	FIRST	INITIAL					CARTAGE		
			(LDR)					<input type="checkbox"/>		
								<input type="checkbox"/>		
								<input type="checkbox"/>		
								<input type="checkbox"/>		
								<input type="checkbox"/>		
								<input type="checkbox"/>		
								<input type="checkbox"/>		
								<input type="checkbox"/>		
								<input type="checkbox"/>		
								<input type="checkbox"/>		
								<input type="checkbox"/>		
								<input type="checkbox"/>		
								<input type="checkbox"/>		
								<input type="checkbox"/>		
								<input type="checkbox"/>		
								<input type="checkbox"/>		
								<input type="checkbox"/>		
								<input type="checkbox"/>		
								<input type="checkbox"/>		
								<input type="checkbox"/>		
								<input type="checkbox"/>		
								<input type="checkbox"/>		
								<input type="checkbox"/>		
								<input type="checkbox"/>		
								<input type="checkbox"/>		
								<input type="checkbox"/>		
								<input type="checkbox"/>		
								<input type="checkbox"/>		
								<input type="checkbox"/>		
								<input type="checkbox"/>		
								<input type="checkbox"/>		
								<input type="checkbox"/>		
								<input type="checkbox"/>		
								<input type="checkbox"/>		
								<input type="checkbox"/>		
								<input type="checkbox"/>		
								<input type="checkbox"/>		

(1) Insert overscale wages being paid.
 Include all music Prep, information on this form or continuation sheet, with copies of invoices attached.
FOR FUND USE ONLY:

TOTAL PENSION CONTRIBUTIONS		
TOTAL H&W CONTRIBUTIONS		