



AMERICAN FEDERATION OF MUSICIANS REPORT FORM
FOR DEMONSTRATION RECORDING - AUDIO ONLY

Contract Date: _____ RP No. _____

This Agreement is made and entered into by and between _____ hereinafter called the "Producer," and Local Union No. _____ of the American Federation of Musicians of the United States and Canada, hereinafter called the "Local Union."

This engagement is for the purpose of making a DEMONSTRATION RECORD only: Any recording made shall be used only for the purpose of private performances for prospective buyers of the master recording or prospective employers of the musicians' services. It shall not be sold nor shall it be used for any other purpose except pursuant to agreement with the Federation. Said recording shall be labeled "DEMONSTRATION RECORD - NOT FOR SALE OR COMMERCIAL USE." Only the selections listed on this contract may be recorded.

For the services rendered by the musicians covered by this Agreement in the making of demonstration recordings, the Producer agrees to hire and to compensate the musicians in accordance with the terms and conditions as provided below and as further specified on the reverse side of this form as well as provided in Addendum "A" which is attached and made a part hereof.

Recording Date: _____ No. of Musicians: _____	Name of Artist/Group: _____
Hours of Employment: _____	Leader: _____ Local No.: _____
Rec. Studio/Location: _____	Leader's Signature: _____
City: _____ State: _____	AFM Local: _____
Producer/Employer: _____	Address: _____
Producer/Employer's Address: _____	
Authorized Signature: _____	Authorized Signature: _____
Print Name of Signer: _____	Print Name of Signer: _____

SESS	MINS.	TITLE of TUNES / PIECES
A. _____	_____	_____
B. _____	_____	_____
C. _____	_____	_____
D. _____	_____	_____
E. _____	_____	_____
F. _____	_____	_____

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

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 _____ H & W	TOTAL MUSICIANS PAYMENT	PENSION
_____	_____ (LDR)						

(1) Insert overscale wages being paid. Include all music prep. info on this form or continuation sheet, with copies of invoices attached.						Total Pension Contribution payable to (AFM-EPFUND)	

AMERICAN FEDERATION OF MUSICIANS REPORT FORM
PHONOGRAPH RECORDS, SOUNDTRACK RELEASES, VIDEO PROMOS
Continuation Sheet

Program Name: _____ Report Form No. _____

Recording Date: _____ Page 1 of 1

Leader's Name: _____

[illegible]

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

FOR FUND USE ONLY: