



**AMERICAN FEDERATION OF MUSICIANS REPORT FORM**

**RP No.**

**For All Motion Pictures-Theatrical & Television Film (Standard, Non-Standard & Basic Cable),  
Industrial (Non-Theatrical-Non-TV), Miscellaneous, Low Budget Films**

Date: \_\_\_\_\_  
 Title of Picture/Program and/or Prod. No.: \_\_\_\_\_  
 Title of Episode: \_\_\_\_\_  
 Episode No.: \_\_\_\_\_  
 Length of Program: \_\_\_\_\_  
 Producer: \_\_\_\_\_  
 Producer's Address: \_\_\_\_\_  
 AFM Project No.: \_\_\_\_\_  
 Assumption Agreement on File (indicate parties & dates in memo box)

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: \_\_\_\_\_

**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**

\_\_\_\_\_

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

<b>Payment Type</b>	<b>Medium</b>
<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

**ORIGINAL SESSION** AFM Local No.: \_\_\_\_\_

SIGNATORY OF RECORD: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Pension Contributions To Be Paid By (if different): \_\_\_\_\_ Phone: \_\_\_\_\_

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 agreements 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 and State)	SOCIAL SECURITY NUMBER	HRS. GUAR.	HRS. WK'D	WAGES (1) CARTAGE	PENSION	H&W WHERE APPLICABLE
	LAST	FIRST	INITIAL (Instrument(s)) (LDR)							
-----	Leader							<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 \_\_\_\_\_