AMERICAN FEDERATION OF MUSICIANS REPORT FORM
FOR ALL VIDEOTAPE/LIVE TELEVISION/CABLE TV/PUBLIC TV

RP No.

DATE: _____
NAME OF PROGRAM: _____
TITLE OR SHOW NO.: _____
GUEST STARS: _____

PRODUCER: _____
PRODUCER'S ADDRESS: _____

NETWORK: _____ STATION: _____
TAPE DATE: _____ AIR DATE: _____
RE-USE DATE: _____ PROGRAM LENGTH: _____

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

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

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

Payment Type	Medium	Rates
___ Original Production	___ Videotape (Comm'l Network)	___ Domestic (Nat'l)
___ Re-Use	___ Videotape (Comm'l Synd)	___ Foreign
___ Supp. Mkt.	___ Cable (Non-Standard Pay TV)	___ Local
___ Upgrade	___ Basic Cable	___ Audition
___ Excerpt Use	___ TNN	___ Other
___ New Use	___ Public TV	
___ Other	___ TV Station I.D.'s	
	___ Telethon	
	___ Videocassette Release	
	___ In-Flight	
	___ Other _____	

Additional Info	Check here if
___ Theme	___ Compilation
___ Variety Shows	___ Clip Use
___ Other Program	___ Needle Drop ___ Hrs.
___ Award Show _____	___ Late Payment Incl.
___ Anniversary Show	___ Excerpt Use
___ Daytime Serial	___ Bank Act
___ Game Show	

MEMO

SIGNATORY OF RECORD

FOR SESSION PAYMENTS: _____ Address: _____

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

FOR ALL OTHER PAYMENTS: _____ Address: _____

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

The terms and conditions of the engagement covered by this Report From include the terms and conditions of the applicable AFM Agreement in effect at the time of such engagement.

Signatory of Record's Signature: _____ Leader's Signature: _____

Print Name of Signer: _____ Phone: _____ Leader's Phone: _____

REHEARSALS/PRE-RECORD/TAPE USE

Date	Start	Dism'd	Hours	Span

PAY SCHEDULE

Air & Min. Reh. $ _____ Meal Pen.: _____
Add. Reh./Pre-Rec.: _____ Wrdrbe./Make-up: _____
Use of Track: _____ Mult. Spon.: _____
Span: _____ Total Base: _____

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	PENSION	H&W WHERE APPLICABLE
-------	(LDR)				----------		
-------					----------		
-------					----------		
-------					----------		
-------					----------		
-------					----------		
-------					----------		
-------					----------		
-------					----------		
				TOTAL PENSION CONTRIBUTIONS			
				TOTAL H & W CONTRIBUTIONS			

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

FOR FUND USE ONLY: