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: _____

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

ORIGINAL SESSION
Recording Date: _____ AFM Local No.: _____
No. of Musicians: _____
Recording Studio: _____
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 _____	

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 INIT. FIRST (Instrument(s))	HOME ADDRESS (Give Street, City & State)	SOCIAL SECURITY NUMBER	NO. of DBLS	WAGES (1) / CARTAGE	PENSION	H&W WHERE APPLICABLE
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				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: