



**AMERICAN FEDERATION OF MUSICIANS
SINGLESONG OVERDUB REPORT (Canada)
(NON-SYMPHONIC)**

FORM B-17

Date: _____

RPNo.

SINGLE SONG/SINGLE PLAYER OVERDUB - This scale cannot be used in conjunction with any other AFM Agreement except Limited Pressing. This Agreement is intended for one "project" and one artist only, with a maximum of 12 songs in a six month period. All musicians must have an executed Single Song Agreement with this Employer on file for this scale to be used. Multiple players can appear on one contract only if they all appear on all songs, and are all compensated at the same "per song" rate. In the event that the total of digital and analog copies sold or manufactured exceeds 3,000 copies for a single song or the entire project, all musicians will receive an additional payment per song as described in the Single Song Single Player Agreement.

The Producer/Employer understands and agrees that the employment covered by this Report Form is subject to the terms and conditions of the current AFM Single Song/Single Player Overdub Agreement, and the bylaws of the AFM Local in whose jurisdiction such recording takes place. Late Payments are subject to the Late Payment provisions of the AFM Sound Recording Labour Agreement. All Pension Contributions will be paid by Musician on behalf of Employer to the Musicians' Pension Fund of Canada.

Recording Date(s) _____ Number of Musicians _____ AFM Local # _____

Recording Studio/Location _____

Address _____ City _____ State/Province _____

Producer/Employer _____ Address _____

Producer/Employer City _____ Producer/Employer State/Province _____

Name of Artist or Group _____

Name(s) of Musicians _____

	Title of Song/Tune/Piece	Rate per Song	No. of Min	Recording Date(s)
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____
7.	_____	_____	_____	_____
8.	_____	_____	_____	_____
9.	_____	_____	_____	_____
10.	_____	_____	_____	_____
11.	_____	_____	_____	_____
12.	_____	_____	_____	_____

FOR FUND USE ONLY:

LOCAL NO. ----- CARD NO.	EMPLOYEE'S NAME (As on Social Security Card)			HOME ADDRESS (Street, City & State/Province)	SOCIAL INSURANCE NUMBER	SCALE WAGES	PENSION (12% OF SCALE)
	LAST	FIRST	INIT.				
_____	_____	_____	_____	_____	_____	_____	_____