



CAPITOL RECORDS
(Employer's name)

Phonograph Recording Contract Blank
AMERICAN FEDERATION OF MUSICIANS
OF THE UNITED STATES AND CANADA

No 247425

Local Union No. _____

THIS CONTRACT for the personal services of musicians, made this 10 day of MARCH, 1966 musicians between the undersigned employer (hereinafter called the "employer") and NINETEEN (including the leader) (hereinafter called "employees").

WITNESSETH, That the employer hires the employees as musicians severally on the terms and conditions below, and as further specified on reverse side. The leader represents that the employees already designated have agreed to be bound by said terms and conditions. Each employee yet to be chosen shall be so bound by said terms and conditions upon agreeing to accept his employment. Each employee may enforce this agreement. The employees severally agree to render collectively to the employer services as musicians in the orchestra under the leadership of HAL BLAINE as follows:

Name and Address of Place of Engagement WESTERN RECORDERS

Date(s) and Hours of Employment MARCH 10, 1966 12:30 A.M. TO 4:15 A.M.

Type of Engagement: Recording for phonograph records only. UNION SCALE Plus pension contributions as specified on reverse side hereof.
WAGE AGREED UPON \$ (TYPED) (Terms and amount)

This wage includes expenses agreed to be reimbursed by the employer in accordance with the attached schedule, or a schedule to be furnished the employer on or before the date of engagement.
To be paid WITHIN 15 DAYS (Specify when payments are to be made)

Upon request by the American Federation of Musicians of the United States and Canada (herein called the "Federation") or the local in whose jurisdiction the employees shall perform hereunder, the employer either shall make advance payment hereunder or shall post an appropriate bond.

Employer's name and CAPITOL RECORDS Leader's name HAL BLAINE Local No. 47

authorized signature _____ Leader's signature Jay Migh

Street address 1750 N. VINE Street address _____

HOLLYWOOD CALIF 402-6252 HOLLYWOOD 28, CALIF
City State Phone City State

(1) Label Name Capitol Session No. _____
Master No. No. of Minutes TITLES OF TUNES

Master No. Minutes 2:30 GOD ONLY KNOWS

(2) Employee's Name (As on Social Security Card) Last First Initial (Leader)	(3) Home Address (Give Street, City and State)	(4) Local Union No.	(5) Social Security Number	(6) Scale Wages	(7) Pension Contri- bution
BLAINE, HAL	HOLLYWOOD 28, CALIF	47		225.91	22.71
MIGLIORI, JAY	1750 N. VINE	47		225.91	22.71
HARTMAN, LEONARD	BURBANK, CALIF	47		187.08	11.31
POHLMAN, M.B.	BEVERLY HILLS, CALIF	47		162.68	11.29
RITZ, LYLE	L.A., CALIF.	47		162.68	11.29
FORTINA, CARL L.	1750 N. VINE	47		162.68	11.29
MAROCCHIO, FRANK	L.A. 46, CALIF	47		162.68	11.29
MALARSKY, LEONARD	830 HOLLYWOOD BL.	47		162.68	11.29
SHARP, SIDNEY	HOLLYWOOD 38, CALIF	47		162.68	11.29
TERWILLIGER, DARREL	VAN NUYS, CALIF	47		162.68	11.29
EHRlich, JESSE	3201 W. 10th ST	47		162.68	11.29
KNECHTEL, LAWRENCE W.	L.A. 28, CALIF	47		162.68	11.29
KAYE, CAROL	L.A. 46, CALIF	47		162.68	11.29
GREEN, WILLIAM EARNST	NORTH HOLLYWOOD, CALIF	47		162.68	11.29
BRITZ, CHARLES D.	VAN NUYS, CALIF	47		162.68	11.29
	SHERMAN OAKS, CALIF	47		162.68	11.29
	NO. HOLLYWOOD, CALIF	47		162.68	11.29
	LA. 8, CALIF	47		187.08	11.31
	LA. 65, CALIF	47		162.68	11.29

(8) Total Pension Contributions (Sum of Column (7)) \$ _____
FOR FUND USE ONLY: Make check payable in this amount to "AFM & BPW Fun
Date pay't rec'd AND POST Amt. paid _____ Date posted _____ By _____

CONTINUATION SHEET

807

EMPLOYEE'S NAME (AS ON SOCIAL SECURITY CARD) LAST FIRST INITIAL	HOME ADDRESS (GIVE STREET, CITY AND STATE)	LOCAL UNION NO.	SOCIAL SECURITY NUMBER	H'RS W'KED	NO. OF D'BLE	SCALE WAGES	PENSION CONTRI- BUTION
ALAN I. TIKON	N. HOLLYWOOD (CALIF)	47				162.68	7.12
BANDI DON	LA. CALIF	47				162.68	7.12
X STORN, JAMES B.	HOLLYWOOD 28, CALIF	47			1	162.68	7.12
GORTON JAMES BOY	SHERMAN OAKS, CALIF	47				162.68	7.12
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44							
45							
46							
47							
48							
49	ORCHESTRATOR						
50	ARRANGER						

COPYIST

Total Pension Contributions \$
Make check payable in this amount to "AFM & EPW Fund"

FOR FUND USE ONLY:

Date pay't rec'd _____ Amt. paid _____ Date posted _____ By _____

Form B-6 8-61

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