



INVOICE FOR MUSICAL SERVICES

date:

2/19/87

company:

Showbiz Pizza Time, Inc.

job #:

PO #:

agency producer:

Joe Conti

title:

for pre-production of "Yogi & Boo-Boo" show

3100 COLE AVENUE

SUITE 215

DALLAS, TEXAS

75204

214-855-1377

amount due:

~~\$~~17,500.00

THANK YOU!!

SOUND RESULTS IN MUSIC.

P.O.
of invoice
signed
3-5-87
R



February 21, 1987



Joe Conti
Showbiz Pizza Time, Inc.
4441 West Airport Freeway
Irving, Texas 75062

Dear Joe,

Below is an outline of estimated budget distribution for the writing and production of (2) 11 minute "Yogi & Boo-Boo" shows, consisting of editable modules for additional use.

3100 COLE
AVENUE

SUITE 215

DALLAS,
TEXAS

75204

214-855-1377

SOUND
RESULTS
IN
MUSIC.

\$8,000.00.....studio costs
*\$13,800.00.....character talent costs (6)
\$2,000.00.....travel & expenses for (5)
\$1,000.00.....overdub vocalists cost (opt.)
\$1,000.00.....rhythm section

\$25,000.00.....total production costs

\$10,000.00.....writing, arranging & production

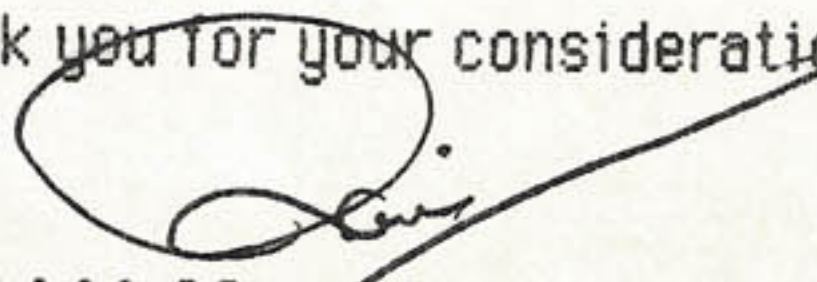
\$35,000.00.....total budget

***Character Talent Addendum:**

Showbiz Pizza Time, Inc. shall agree to pay any character talent costs over the above estimate of \$13,800.00 .

Cry Wolf Music will deliver 1/4" format of final mixes to **Showbiz Pizza Time, Inc.** no later than **April 15, 1987**. An invoice for 1/2 total budget is enclosed. The balance will be invoiced upon delivery of the final product.

Thank you for your consideration,


David Wolf

1. \$1590. per minute
2. talent cost based on scale for 2 days
3. travel based on 3 from Chicago And 2 from L.A.
4. writing, arranging + production cost ~~is~~ includes script + vocals
5. Due to CPI "Summertime" schedule, it won't be animated And completed until May 15.

Ja

network COURIER SERVICE

P.O. BOX 90912, LOS ANGELES, CALIFORNIA 90009

VOUCHER
NUMBER **DFW08-0137421**

TO

CHARGES
COLLECT

NAME: Mr. Daws Butler
 ADDRESS: 44 S. Oakhurst Drive
 CITY: Beverly Hills, CA STATE: CA ZIP CODE: 90212
 ROOM NO. ATTN: PHONE NO. ()

VIA

FROM

CHARGES
PREPAID

9:00 A.M. NETWORK COURIER CITIES
 OVERNIGHT — A.S.A.P. ALL OTHER CITIES
 SAME DAY SAT. DELIVERY HOLIDAY DELIVERY
 HAND CARRY SUN. DELIVERY HOLD AT AIRPORT

NAME: BROCK HOTEL CORPORATION
 ADDRESS: 4441 W. AIRPORT FRWY. 808640
 CITY: IRVING, TX. STATE: TX ZIP CODE: 75062
 SHIPPERS NAME (PLEASE PRINT): Brock Hotel Corporation DEPT./BUDGET NO.:

**3RD
PARTY
BILLING**

**PROOF
OF
DELIV.**

NO.PCS.	WEIGHT	DESCRIPTION OF PIECES AND CONTENTS
1		DRIFT LINDEN ADDRESS

RECEIVED BY NETWORK COURIER: DATE: 8/21/87 TIME: 4:00 PM
 RECEIVED BY CONSIGNEE: DATE: TIME:

WHEN DELIVERY MUST BE ASSURED.....



NETWORK COURIER CITIES

ATLANTA - CHICAGO - DALLAS - DENVER
HOUSTON - LOS ANGELES - NEW YORK

MCISCO

C.

*Paul
LINDEN*

L. PAY \$50.00 PER
GREATER, UNLESS
SURANCE FEE FOR
SIDE FOR TERMS

CHARGES

9:00 A.M. NCS CITY		
OTHER SERVICES	VIA	
EXCESS WEIGHT		
VALUATION CHARGE		
PICK-UP		
<input type="checkbox"/> SAT. <input type="checkbox"/> SUN.	<input type="checkbox"/> HOLIDAY <input type="checkbox"/> AREA	
DELIVERY		
<input type="checkbox"/> SAT. <input type="checkbox"/> SUN.	<input type="checkbox"/> HOLIDAY <input type="checkbox"/> AREA	
MISC. CHARGES		
TOTAL CHARGES		

PLEASE PAY THIS AMOUNT
NETWORK COURIER SERVICE
REQUIRES PAYMENT UPON RECEIPT

THANK YOU

SHIPPER RECEIPT



PURCHASE ORDER



SHOWBIZ PIZZA TIME, INC.

A SUBSIDIARY OF BROCK HOTEL CORPORATION

Date
March 10, 1987

4441 W. Airport Freeway
Irving, TX 75062
214/258-8507

When Ship: _____

To
Cry Wolf Music
3100 Cole Avenue - Suite 215
Dallas, TX 75204

How Ship: _____

SHIP TO

ShowBiz Pizza Time, Inc.
4441 W. Airport Freeway
Irving, TX 75062

LOC #

LOC #

JOB #

JOB #

ACE #

ACE #

VENDOR TELEPHONE NO.

SHIP:
Prepay
and
Add

PURCHASE ORDER

01967

FOR PROMPT PAYMENT
all invoices, bills of lading and
correspondence must reference
this purchase order number.

Invoice To
International Assn. of SBPP & PTT Restaurants
103 White Horse Pike
Haddon Heights, NJ 08035

QUANTITY	UNIT	STOCK NO.	DESCRIPTION	PRICE PER UNIT	AMOUNT
1			Yogi Bear Tape - 22 minutes Per 2/21/87 bid Entertainment Fund - #6130-20238	\$35000.00	35000 00

This purchase order is expressly subject to the terms and conditions attached hereto consisting of fourteen "SBT Purchase Order Terms and Conditions."

This merchandise for: _____

Requested by: Paul Linden

Approved by Department Head: 88 Gene Gramm

Approved by: _____
SIGNATURE

Title: V.P./Director of Purchasing

Do not ship this merchandise if your prices do not correspond with the prices on our Purchase Order. Inform us immediately for instructions!

TOTAL

Vendor Add Sales Tax where applicable

35000 00

- White Copy—to Vendor
- Blue Copy—Accounting
- Green Copy—Number File
- Canary Copy—PO File
- Pink Copy—PO Requestor
- Goldenrod Copy—Corp. Location File
- Buff Copy—Receiving Location

AMERICAN FEDERATION OF TELEVISION AND RADIO ARTISTS

Los Angeles Local

1717 North Highland Avenue, P.O. Box 4070, Hollywood, CA 90078 / 461-8111
6922 HOLLYWOOD BLVD, 8TH FLOOR, HOLLYWOOD, CA. 90028

MEMBER REPORT

(One copy of this form must be filled out and filed with AFTRA within 48 hours of engagement.)

NON-BROADCAST/INDUSTRIAL RECORDED MATERIAL

Each member is responsible for filing their own Member Report or making certain that one is filed on their behalf. Failure to file for each engagement for non-broadcast recorded material will subject you to a fine for each such offense. Performer must initial opposite name if AFTRA Reporter is designated.

Date of Engagement: WED SEPT 8, 1987 Recording Studio: BLUE DOLPHIN Address: 550 N BRONSON AVE

Advertising Agency: _____ Address: 4441 WEST AIRPORT FREEWAY Tel. No.: _____

Employer (if other than agency): SHOWBIZ PIZZA TIME, INC. Address: IRVING, TEXAS 75062 Tel. No.: (214) 258-8507

Sponsor, Product or Service: SHOWBIZ PIZZA PLACE (FAMILY RESTAURANTS)

Fee to be paid by: SHOWBIZ PIZZA TIME, INC.

TYPE OF RECORDING:

- VIDEO TAPE INDUSTRIAL PROGRAM
 - On Camera Off Camera
 - Class I Class II
- AUDIO RECORDING ONLY
- FILM STRIP
- SLIDE FILM
- OTHER (Explain) _____

USE CATEGORY:

- Instruction or Education Sales Promotion Meetings
- Conventions Point of Sale In-Plant
- In-Flight Public Display Churches
- Classrooms Seminars Phonecasting
- Storecasting Amusement Park
- Place where admission is charged (Specify) _____
- Other (Explain) 3 AUDIO TAPES TO BE USED INSIDE

NON-PRINCIPAL PERFORMERS (Slide Film Portion of Code only): _____ # of lines _____ # of Doubles _____ Length of Recorded Program _____

Additional Information (doubling, etc.) **SEE BELOW
Retake Remake

SOCIAL SECURITY NO.	PERFORMER	ARTIST TO INITIAL	CAMERA		HOURS EMPLOYED (SPECIFY ALL BREAKS INCLUDING MEAL PERIODS)			NO. OF PRODUCTIONS	* TYPE OF PERFORMANCE	WARDROBE FURNISHED BY ARTIST		10% OVERSCALE	
			ON	OFF	FROM	MEAL BREAK	TO			YES	NO	FEE	YES
348-01-0015	DAWS BUTLER	DB	XX		12:30PM		3	P		XX	\$6,000.		XX
**FOR L A METRO AREA SESS: BUTLER TO RECEIVE \$2,000. PER "YOGI BEAR" VOICE, PER MAXIMUM 8 MINUTE AUDIO TRACK, PER MAXIMUM 4 CONSECUTIVE HOURS SESSION, PER EACH CONSECUTIVE 6 MONTHS OR ANY FRACTION THEREOF OF USE, WHICHEVER IS GREATER.													
ANY OTHER USE OF THESE VOICE TRACKS SHALL BE A SUBJECT FOR SEPARATE NEGOTIATION & ADDITIONAL COMPENSATION.													

The information contained in this Memorandum is obtained from the contract or contracts, verbal or written, which the undersigned employer has entered into with the members of AFTRA whose names are listed hereon. This engagement shall be governed by and be subject to the applicable terms of the AFTRA Code of Fair Practice for Non-Broadcast/Industrial Recorded Material.

*** KEY TO TYPE OF PERFORMANCE**

N	Narrator	SE	Sound Effects
P	Principal	E	Extra
NP	Non-Principal	SAE	Special Ability Extra
GS	Group Singers(3 or more)	SB	Silent Bit
C	Contractor		

EMPLOYER: SHOWBIZ PIZZA TIME, INC
 Signature of Employer or Employer Representative: _____
 AFTRA Performer: _____
 AFTRA Performer's Phone Number: (213) 276-9260 Date: 9-8-87

AMERICAN FEDERATION OF TELEVISION AND RADIO ARTISTS

Los Angeles Local

1717 North Highland Avenue, P.O. Box 4070, Hollywood, CA 90078 / 461-8111

6922 Hollywood Blvd., 8th Floor, Hollywood CA, 90028

MEMBER REPORT

(One copy of this form must be filled out and filed with AFTRA within 48 hours of engagement.)

NON-BROADCAST/INDUSTRIAL RECORDED MATERIAL

Each member is responsible for filing their own Member Report or making certain that one is filed on their behalf. Failure to file for each engagement for non-broadcast recorded material will subject you to a fine for each such offense. Performer must initial opposite name if AFTRA Reporter is designated.

Date of Engagement: WED SEPT 8, 1987 Recording Studio: BLUE DOLPHIN Address: 650 N BRONSON AVE HLYD, CA 90004
 Advertising Agency: _____ Address: _____ Tel. No.: _____
 Employer (if other than agency): SHOWBIZ PIZZA TIME, INC. Address: 4441 W. AIRPORT FRIEW IRVING, TX 75062 Tel. No.: 214/258-8507
 Sponsor, Product or Service: SHOWBIZ PIZZA PLACE (FAMILY RESTAURANTS)
 Fee to be paid by: SHOWBIZ PIZZA TIME, INC.

TYPE OF RECORDING:

- VIDEO TAPE INDUSTRIAL PROGRAM
 - On Camera Off Camera
 - Class I Class II
- AUDIO RECORDING ONLY
- FILM STRIP
- SLIDE FILM
- OTHER (Explain) _____

USE CATEGORY:

- Instruction or Education
- Conventions
- In-Flight
- Classrooms
- Storecasting
- Place where admission is charged (Specify) _____
- Other (Explain) 5 AUDIO TAPES TO BE USED INSIDE ROBOTIX "ANIMATRONIC" "BOOBOO BEAR" IN 5 SHOWBIZ PIZZA PLACE RESTAURANT SHOWROOMS-1 EACH IN OMAHA, NE COLORADO SPRINGS, CO. & AUGUSTA, GA DURING A MAXIMUM 12 CONSECUTIVE MONTHS TEST MARKETING PERIOD TO BEGIN NO LATER THAN 60 DAYS FOLLOWING DATE OF RECORDING.
- Sales Promotion
- Point of Sale
- Public Display
- Seminars
- Amusement Park
- Meetings
- In-Plant
- Churches
- Phonecasting

NON-PRINCIPAL PERFORMERS (Slide Film Portion of Code only):

of lines _____

Additional Information (doubling, etc.) **SEE BEKON

Retake Remake

SOCIAL SECURITY NO.	PERFORMER	ARTIST TO INITIAL	CAMERA		HOURS EMPLOYED (SPECIFY ALL BREAKS INCLUDING MEAL PERIODS)			NO. OF PRODUCTIONS	* TYPE OF PERFORMANCE	WARDROBE FURNISHED BY ARTIST		10% OVERSCALE	
			ON	OFF	FROM	MEAL BREAK	TO			YES	NO	YES	NO
<u>05-3624002</u>	<u>NON MESSICK</u>	<u>XX</u>		<u>XX</u>			<u>11:00 AM</u>						<u>XX</u>
	<u>VOICE, PER MAXIMUM 8 MINUTE AUDIO TRACK, PER MAXIMUM 4 CONSECUTIVE HOURS SESSION, PER EACH CONSECUTIVE 6 MONTHS OR ANY FRACTION THEREOF OF USE, WHICHEVER IS GREATER.</u>												
	<u>ANY OTHER USE OF THESE VOICE TRACKS SHALL BE A SUBJECT FOR SEPARATE NEGOTIATION & ADDITIONAL COMPENSATION.</u>												

The information contained in this Memorandum is obtained from the contract or contracts, verbal or written, which the undersigned employer has entered into with the members of AFTRA whose names are listed hereon.

This engagement shall be governed by and be subject to the applicable terms of the AFTRA Code of Fair Practice for Non-Broadcast/Industrial Recorded Material.

* KEY TO TYPE OF PERFORMANCE

N	Narrator	SE	Sound Effects
P	Principal	E	Extra
NP	Non-Principal	SAE	Special Ability Extra
GS	Group Singers(3 or more)	SB	Silent Bit
C	Contractor		

EMPLOYER: SHOWBIZ PIZZA TIME, INC.
 Signature of Employer or Employer Representative: _____
 AFTRA Performer: Don Messick
 AFTRA Performer's Phone Number: 213/276-9260 Date: 9/8/87

NON-BROADCAST RECORDED MATERIAL ~ AFTRA ~ P & W REMITTANCE REPORT; PRODUCTION REPORT

IMPORTANT ♦ Make checks payable to AFTRA PENSION & WELFARE FUNDS and mail white, pink and blue copies of this report to the P & W office in New York, Chicago or Los Angeles (address below) depending on city in which slide films covered by this report are made. If city other than New York, Chicago or Los Angeles, contact the local AFTRA office for information.

1350 AVENUE OF THE AMERICAS, NEW YORK 10019

307 N. MICHIGAN AVE., CHICAGO 60601

6922 HOLLYWOOD BLVD., #900, HOLLYWOOD, CA 90028

PENSION and WELFARE

Reporting Co. SHOWBIZ PIZZA TIME, INC.

Address 4441 W. AIRPORT FRWY.
IRVING, TX 75062

Account No. _____ Date 9/11/87

Signature _____
(Authorized Representative)

This is Sheet # 1 of 2 sheets (attached)
(Use additional sheets if more space needed)

PENSION AND WELFARE REMITTANCE

(a) Total Gross Payment (sum of Col. H all pages) \$6,000.00

(b) Contribution 11 % 660.00

(c) Adjustments (explain in detail in separate statement -0-

(d) Total Remittance (item b plus or minus item c) \$660.00

Date of Recording _____
Recording Studio _____
Spansor _____
Product and Working Title _____
Advertising Agency _____
Producer _____
Type of Slide Film: _____

(Instruction or education, sales promotion, amusement, entertainment, other)

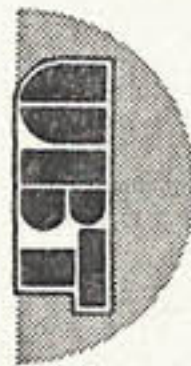
Enter Symbol in Col. (C) — Category	
Symbol	Description
P1	NARRATOR OR OTHER PERFORMER ALONE OR SOLOISTS & DUOS
P2	MORE THAN 1 PRINCIPAL PERFORMER
SP	SUPPORTING PERFORMER
S3	GRP. SINGERS (3 OR MORE)
SE	SOUND EFFECTS ARTIST

Retake (check) Remake (check)

Special Comments: Use Bottom of Sheet

(A) Social Security Account Number	(B) PERFORMER'S NAME			(C) Category	(D) Time of Session		(E) Length of Each Slide Film	(F) No. of Slide Films Recorded	(G) No. of Doubles	(H) Gross Payment
	Last	First	Middle Initial		From	To				
348901-0015	BUTLER	DAWS		P1	12:30	2:35	---	---	---	\$6,000.00

ANIMATED ENTERTAINMENT FUND



UNITED BANK AND TRUST
AMES, IOWA 50010-0828

1475

X⁷²⁻¹⁸⁸¹
739 ©

PAY **1** **DATE 8-31-87** **AMOUNT \$660.00**

TO THE ORDER OF

Afra Health & Retirement
6922 Hollywood Blvd.
Hollywood, Ca. 90028-6128

[Handwritten Signature]

⑆001475⑆ ⑆073918815⑆ 002 510 0⑆

DELUXE CHECK PRINTERS

ANIMATED ENTERTAINMENT FUND

DETACH AND RETAIN THIS STATEMENT
THE ATTACHED CHECK IS IN PAYMENT OF ITEMS DESCRIBED BELOW.
IF NOT CORRECT PLEASE NOTIFY US PROMPTLY. NO RECEIPT DESIRED.

DELUXE - FORM TWVO-4 NV-1602

INVOICE NO.	INVOICE AMOUNT	INVOICE DATE	GENERAL LEDGER ACCT. NO.	DESCRIPTION	AMOUNT
9187	660.00	8-31	6130	Daws Butler	

NON-BROADCAST RECORDED MATERIAL ~ AFTRA ~ P & W REMITTANCE REPORT; PRODUCTION REPORT

IMPORTANT ♦ Make checks payable to AFTRA PENSION & WELFARE FUNDS and mail white, pink and blue copies of this report to the P & W office in New York, Chicago or Los Angeles (address below) depending on city in which slide films covered by this report are made. If city other than New York, Chicago or Los Angeles, contact the local AFTRA office for information.

1350 AVENUE OF THE AMERICAS, NEW YORK 10019

307 N. MICHIGAN AVE., CHICAGO 60601

6922 HOLLYWOOD BLVD., #900, HOLLYWOOD, CA 90028

PENSION and WELFARE

Reporting Co. SHOPIZ PIZZA TIME, INC.
 Address 4441 W. AIRPORT FRWY. IRVING, TX 75062
 Account No. _____ Date 9/11/87
 Signature _____
 (Authorized Representative)
 This is Sheet # 1 of 2 sheets (attached)
 (Use additional sheets if more space needed)

PENSION AND WELFARE REMITTANCE

(a) Total Gross Payment (sum of Col. H all pages) \$2,550.00
 (b) Contribution 11 % 280.50
 (c) Adjustments (explain in detail in separate statement) -0-
 (d) Total Remittance (item b plus or minus item c) \$280.50

Date of Recording
 Recording Studio
 Sponsor
 Product and Working Title
 Advertising Agency
 Producer
 Type of Slide Film:

(Instruction or education, sales promotion, amusement, entertainment, other)

Enter Symbol in Col. (C) — Category	
Symbol	Description
P1	NARRATOR OR OTHER PERFORMER ALONE OR SOLOISTS & DUOS
P2	MORE THAN 1 PRINCIPAL PERFORMER
SP	SUPPORTING PERFORMER
S3	GRP. SINGERS (3 OR MORE)
SE	SOUND EFFECTS ARTIST

Retake (check) Remake (check)

Special Comments: Use Bottom of Sheet

(A) Social Security Account Number	(B) PERFORMER'S NAME Last First Middle Initial			(C) Category	(D) Time of Session		(E) Length of Each Slide Film	(F) No. of Slide Films Recorded	(G) No. of Doubles	(H) Gross Payment
					From	To				
					FED ID # 95-3624002	DON				

ANIMATED ENTERTAINMENT FUND



**UNITED BANK
AND TRUST**
AMES, IOWA 50010-0928

1476

X72-1881
739

PAY **TO**
THE
ORDER
OF

Aftra Health & Retirement
 6922 Hollywood Blvd.
 Hollywood, Ca. 90028-6128

DATE 9-11-87 **AMOUNT** \$280.50

[Signature]

⑆001476⑆ Ⓜ073918815⑆ 002 510 0⑆

DELUXE CHECK PRINTERS

ANIMATED ENTERTAINMENT FUND

DETACH AND RETAIN THIS STATEMENT
 THE ATTACHED CHECK IS IN PAYMENT OF ITEMS DESCRIBED BELOW.
 IF NOT CORRECT PLEASE NOTIFY US PROMPTLY. NO RECEIPT DESIRED.

DELUXE - FORM TWVO-4 NV-1602

INVOICE NO.	INVOICE AMOUNT	INVOICE DATE	GENERAL LEDGER ACCT. NO.	DESCRIPTION	AMOUNT
V257	280.50	9-11	3020		280.50

ANIMATED ENTERTAINMENT FUND



UNITED BANK
AND TRUST
AMES, IOWA 50010-0828

1476

X $\frac{72-1881}{739}$ ©

PAY

TO
THE
ORDER
OF

Aftra Health & Retirement
6922 Hollywood Blvd.
Hollywood, Ca. 90028-6128

DATE

AMOUNT

9-11-87

\$280.50

[Signature]
~~NOT NEGOTIABLE~~

⑆073918815⑆ 002 510 01⑆

ANIMATED ENTERTAINMENT FUND

DELUXE - FORM TWVO-4 NV-1602

INVOICE NO.	INVOICE AMOUNT	INVOICE DATE	GENERAL LEDGER ACCT. NO.	DESCRIPTION	AMOUNT
v257	280.50	9-11	3020		

YOGI BEAR SHOW ASSORTED INVOICES AND NOTES

Date of Origin: 1987

Archived: 1-16-13

Submission by VegaNova / P. Linden

Version 1.0

The documents contained herein are for educational use only.
Please do not replicate, redistribute, or make any unauthorized
printings. All intellectual property including characters,
artwork, photography, and slogans are trademark and/or
copyright their respective owners.

