

Submission Form

Please print and submit completed form along with audition (mini DV, VHS, or DVD) and/or headshot and resume to:

Dolphin Entertainment
Attn: Casting Department
804 Douglas Road / Suite 365
Coral Gables, FL 33134

Note: Submissions will not be considered if form is not included and complete.
Submissions will not be returned.

Name

First	Last
Parent / Guardian Name (If under 18)	

First	Last
E-mail Address	Parent's E-mail Address (If applicable)

Phone (Parent' phone if under 18)

Primary	Alternate
Address	

Street Address

Address Line 2

City	State / Province / Region
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Postal / Zip Code

Date of Birth

Month – Date - Year

Organization / School

Submission for

How did you hear about us?