DOLPHIN PLAYERS INC. – AUDITION FORM: Moments Unmasked

Please fill out as much of the requested information as possible or select the appropriate choice where applicable.

Contact & Personal Details

Full Name	
Preferred Name / Pronouns	
Age / Height	Age: | Height:
Hair / Eye Color	Hair: | Eyes:
Cell Phone	
Home Phone	
Email Address	
Best Way to Contact You	[ ] Call [ ] Text [ ] Email
Emergency Contact	Name: Relationship: Phone:

Casting & Audition Preferences

Are you auditioning for specific role(s)? [ ] Yes [ ] No

- 1st Choice Role: _____
- 2nd Choice Role: _____

Would you accept ANY role assigned? [ ] Yes [ ] No

Would you accept MULTIPLE roles if offered? [ ] Yes [ ] No

Which role types are you comfortable playing? (Check all that apply)

[ ] Female-presenting roles [ ] Male-presenting roles [ ] Any roles

Experience & Special Skills

List previous performance experience or roles. Include approximate year and company. (No need to list Dolphin Playhouse experience).

Experience

Year	Show / Production Title	Role Played	Theater Company / School

Special Skills: (Improv, accents, movement, physical comedy, etc.)

_____

_____

_____

Technical & Crew Interest

If not cast as a performer, would you be interested in working as crew? [ ] YES [ ] NO

Check areas of interest. Circle any where you have prior experience:

[ ] Stage Management	[ ] Stage Crew	[ ] Set Building	[ ] Public Relations
[ ] Assistant Directing	[ ] Props	[ ] Set Painting	[ ] Poster Design
[ ] Special Effects / Sound	[ ] Set Painting	[ ] Choreography	[ ] Program Design
[ ] Box Office / Concessions	[ ] Sewing / Costumes		

Email List & Consent

Do you wish to be added to the Audition Notification System? [ ] YES [ ] NO

Photo / Video Release:

I grant Dolphin Players full rights to use the images resulting from photography/video filming, and any reproductions or adaptations of the images for fundraising, publicity or other purposes to help achieve the group's aims. This might include (but is not limited to), the right to use them in their printed and online publicity, social media, press releases and funding applications. This permission remains in effect until revoked in writing. *Note: (If you are a minor, ignore, we have a separate form for your parent)*

Signature: _____ Date: _____

Auditioner Name: _____

Known Conflicts Calendar

Please list all regular meetings, planned vacations, work shifts, or standing commitments between now and closing night.

Day of Week	Regular Weekly Conflicts / Time Constraints
Mondays	
Tuesdays	
Wednesdays	
Thursdays	
Fridays	
Saturdays	
Sundays	

Specific Single-Date Conflicts / Planned Absences (Dates & Reasons):

_____

_____

_____

_____

_____

_____

_____

Director's & Casting Team Notes (FOR INTERNAL USE ONLY)

Evaluation Metric	Notes / Observations
Stage Presence / Energy	
Vocal Projection & Diction	
Characterization / Improv	
Cold Read / Monologue	

Callback / Role Considerations: