Atlanta Falcons Cheerleaders Application

First Name:	Last Name:					
Present (Current) Address:						
City:	State:	Zip Code:				
		vening or cell):				
*E-mail Address:						
		Birth:Age:				
Circle One: Full-time Pa	rt-time					
Name of Employer:						
Address:						
		Zip Code:				
		_ext.#				
Have you ever been a member of the Atlanta Falcons Cheerleaders squad? Yes No If yes, what year(s)? Have you ever been a member of another professional cheerleader squad(s) or dance group? Yes No If yes, what squad? when?						
High School Attended:						
City:	_ State:	Year graduated:				
List sports/activities in which you participated:						
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College(s) Attended:						
		Year graduated:				
List Academic Honors:						
List sports/activities in which you participated:						
		e do you have?				
How many years of dance training	ng do you h	ave?				

Type of Dan	ice: Modern:	Jazz:	Тар:	Ballet:			
Urban:	Ballroom:	Ethnic: Other/Explain:					
Have you ha	ad voice training?	Explain:					
	erformed in public? (
Please list 2	references (persona	al or professional) and their cont	act information:			
Please list a	II social media acco	unts you have (i.e	e. facebook/twit	ter):			
How did you	ı hear about audition	s?					
Have you ev	ver been arrested? E	Explain:					
information signing this you authoriz accept full r Falcons Che Atlanta Falc liability, incl	supplied. It is impo application, you rep ze the Atlanta Falco esponsibility for any eerleader Auditions. ons Cheerleaders, tuding injury to myse	rtant that this inforesent and warrans to verify any injury, which male release the Althe audition facilelf and/or loss of	ormation is acc nt the accurac of the informa y arise from pa lanta Falcons ity and all spo property. I re	s will rely heavily on the curate and complete. By y of the information, and tion supplied by you. I articipation in the Atlanta Football Club L.L.C., the pnsors from any and all elease any photos/videos dvertising purposes.			
Printed Nam	ne:						
			Date:				
In Case of I	Medical Emergency	<i>r</i> :					
Contact:		Re	Relation to you:				
Phone (hom	ıe):	Cell:					

*NOTE: Please bring this completed application and your \$30.00 (cash or money order), non-refundable application fee to the Preliminary Auditions. Registration will begin at 7:45 a.m. and auditions will begin PROMPTLY at 9:30 a.m.

Please attach a non-returnable photo and resume (optional) with your application. Do not mail this application.

No food will be provided so please bring a snack and drink. There will be a short break between the first and second rounds of auditions. Please plan on staying all day as finalists will be announced at the end of the day.