

For Office Use Only

Audition #: _____

Pmt Type: _____

Amt Due: _____

Completed by: _____



Tennessee Titans 2014 Cheerleading Application

I am attending the _____ Pre-audition clinic and Audition (\$55): April 6, 2014
_____ Audition only (\$20): April 27, 2014 (12:00pm)
_____ Paid via PayPal

If attending the pre-audition clinic on **April 6, 2013** _____ **3:00 PM** OR _____ **5:00PM**
*Please check ONE session.

**Note: If attending any workshop, the audition fee is INCLUDED in registration fee. Workshop participants do not need to re-register or pay additional fee to participate in preliminary audition. If you attend the workshop, you are AUTOMATICALLY registered for the audition.*

Location/Send Registration: St. Thomas Sports Park, ATTN: Cheerleading, 460 Great Circle Rd. Nashville, TN 37228

Last Name: _____ First Name: _____ Birth date: ____/____/____

Best Phone: _____ Height: _____ Dress Size: _____

Home Address: _____

City: _____ State: _____ Zip: _____

E-mail Address: _____

Occupation: _____ Employer: _____

Emergency Contact Information

Contact: _____ Relationship: _____

Home Phone: _____ Other Phone: _____

Do you have any previous dance experience? (Circle one) yes no

If yes, please explain: _____

Please list any personal skills that you feel would contribute to your success as a Titans Cheerleader: _____

Fee for Pre-Audition Clinic and Audition: \$55.00

Fee for Audition Only: \$20.00

*These fees are due prior to participation in any activity involving or pertaining to Tennessee Titans Cheerleading Auditions. Please make all checks payable to **TENNESSEE TITANS ENTERTAINMENT INC.**

Hold Harmless Agreement: I agree to hold harmless Tennessee Football, Inc., doing business as the Tennessee Titans, Tennessee Titans Entertainment, Inc., doing business as the Tennessee Titans Cheerleaders and their respective officers, employees, agents and representative, the practice site for each audition, and all other parties in connection with the Tennessee Titans Cheerleading Auditions (collectively, all such persons and entities shall be the "Released Parties"), from any and all injuries that may occur as a result of my participation in the audition. I understand that the Released Parties assume no responsibility for any accident or injury that may occur. In addition, I have no medical disabilities that may interfere with my participation in the audition process.

Applicant's Signature: _____ Date: _____