

2009 JUNIOR TITANS CHEERLEADERS

SCHEDULE OF CLINICS* AND GAME

Clinic: Saturday September 12th 3-5:30pm**
Clinic: Sunday September 13th 3-5:30pm
Clinic: Saturday September 19th 3-5:30pm
Game: Sunday September 20th 12pm (arrive @ 8:30am)
Pizza Party: TBD

**All dance clinics take place at Titans indoor practice facility at Baptist Sports Park and are mandatory in order to be part of the halftime performance on game day.*

*** Mandatory Parents' Meeting during first clinic.*

Registration Deadline: August 20th

We will be purchasing new uniforms for the 2009 Season. The price for new and returning cheerleaders will be \$299.

- Please return a **\$100 nonrefundable deposit** to **Tennessee Titans Entertainment Inc** with your registration form. Please mail your registration form and check to:
Tennessee Titans Entertainment, Director of Cheerleading, Stacie Kinder
460 Great Circle Rd. Nashville, TN 37228.
- Game tickets are \$45 and are available (**payable to Tennessee Titans**) on a first come, first served basis; see order form below.

Note: All checks regarding registration and uniforms are to be made out to Tennessee Titans Entertainment. Deposits are due by 8/20/09. All checks regarding game tickets are to be made out to Tennessee Titans and are due at the first clinic.

Questions/Concerns: (615) 565-4172

REGISTRATION FORM

Child's Name _____ Phone Number _____

Address _____

City/State/Zip _____

E-Mail _____

Parent/Guardian's Name _____

Emergency Contact Name and Number _____

T-Shirt Size (Youth S-L/Adult S-XL) _____ Clothing Size: _____

Height: _____ Chest: _____ Waist: _____

Child's DOB _____ Child's Age _____

Amount Paid _____ Number of game tickets requested** (max-2 per performer) _____

***Ticket price-\$45; payable to Tennessee Titans. Please have payment at first dance clinic.*

Hold Harmless Agreement: I agree to hold harmless; the Tennessee Titans, the Cheerleaders, and their officers of staff, the Instructors and their offices and staff, the practice site for each clinic, and all the sponsors of the Junior Cheerleader Program, for any and all injuries that may occur as a result of my child's participation in the program. The Junior Cheerleaders assume no responsibility for any accident or injury that may occur. In addition, my child has no medical disabilities that may interfere with his/her participation in the program.

Parent/Guardian Signature _____ Date _____