For Office Use Only

Audition #:_____

Pmt Type: _____

Amt Due: _____

Completed by: _____

Tennessee Titans
2012
Cheerleading Application

I am attending the _____Pre-audition clinic **and** Audition ($39) Sunday, April 15, 2012
_____Audition only ($15) Saturday, April 21, 2012

If attending the pre-audition clinic on **April 15, 2012:** ____ **3:00 P.M.** **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.*

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: $39.00 Fee for Audition Only: $15.00

*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** and send to TTE, 460 Great Circle Rd, Nashville, TN 37228.

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: