
**Atlanta Falcons Cheerleader
Application**

First Name: _____ Last Name: _____

Present Address: _____

City: _____ State _____ Zip Code _____

Phone (day) _____ (evening or cell) _____

*E-mail Address _____

SS# _____ Date of Birth _____ Age _____

Present Occupation: _____

Circle One: Full-time Part-time

Name of Employer: _____

Address: _____

City: _____ State _____ Zip Code _____

Name of Immediate Supervisor _____

Supervisor's Phone # _____ ext.# _____

Length of Time with Present Employer _____

Have you ever been a member of the
Atlanta Falcons Cheerleader squad? Yes No
What years? _____

Have you ever been a member of another
professional cheerleader squad or dance group? Yes No
If yes, what squad? _____ when? _____
How many years of cheerleading experience? _____ Explain: _____

High School Attended: _____
City: _____ State: _____ Year graduated _____
List sports/activities in which you participated _____

College Attended: _____
Attended From: _____ to _____ year graduated _____
List Academic Honors: _____
List sports/activities in which you participated: _____

How many years of dance training? _____
Type of Dance: Modern: _____ Jazz: _____ Tap: _____ Ballet: _____
Urban: _____ Ballroom: _____ Ethnic: _____ Other/Explain: _____

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Have you had voice training?_____ Explain:_____

Have you performed in public? (e.g., dance, cheer, sing, etc.)

Please explain:_____

In considering this application, the Atlanta Falcons Cheerleaders will rely heavily on the information supplied. It is important that this information is accurate and complete. By signing this application, you represent and warrant the accuracy of the information, and you authorize the Atlanta Falcons to verify any of the information supplied by you.

I accept full responsibility for any injury, which may arise from participation in the Atlanta Falcons Cheerleader Auditions. I release the Atlanta Falcons Football Club L.L.C., the Atlanta Falcons Cheerleaders, the audition facility and all sponsors from any and all liability, including injury to myself and/or loss of property. I release any photos/videos taken of me during the audition process to be used for media or advertising purposes.

Signature:_____ Date:_____

In Case of Medical Emergency:

Contact:_____

Relation to you:_____

Phone:

home:_____

cell:_____

***NOTE-Please bring this completed application and your \$25.00 (cash or money order), non-refundable application fee to the Preliminary Auditions at the World Congress Center (Thomas B. Murphy Ballroom), Sunday April 19th. Registration will begin at 8 a.m. Auditions will begin at 10 a.m.**

Please attach a non-returnable photo and resume (optional) with your 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.