



Atlanta Falcons Jr. Cheerleader Registration Form

Name: _____ Birthdate: _____ Age: _____

Parent/Guardian(s): _____

Contact Information: _____ (Email)

_____ (Cell) _____ (Home)

Address: _____

(Street)

(City, State, Zip Code)

PROGRAM FEE: \$225.00 (Deadline to register is Monday, August 14, 2017)

Returning member _____

New participant _____

**** T-Shirt and Uniform Information:***

T- shirt and uniform sizes may be selected on Saturday, August 19th during the first clinic. Each participant will be measured to ensure uniforms fit properly.

Are you interested in being a parent volunteer? If so, please check the committee(s) of interest.

_____ Chaperones (Assist at clinics with escorting girls to restroom, game day supervision of set group girls)

_____ Security Dad (Secure group on game day, help with organization of girls and parents at clinics)
(Father's Name): _____

All parents are chosen for committees at the discretion of the coordinator. There are a limited number of positions available. These are all very important commitments which require time and energy. Please keep that in mind when volunteering.

PROGRAM FEES MUST BE PAID IN FULL BY Monday, August 14, 2017.

Questions? Contact Tiffany Moore at TMOORE@FALCONS.NFL.COM.