



APPLICATION FORM

APPLICANT'S INFORMATION		
Name:	Grade ('10-'11):	
Address:	Birthday:	
City:	State:	Zip:
Telephone:	Cell Phone:	
Email:	Prior Spirit Girl: Yes / No	
School:	T-Shirt Size:	
MOTHER'S INFORMATION		
Mother's Name:		
Address:		
City:	State:	Zip:
Telephone:	Cell Phone:	
Occupation:		
Employer:	Work Phone:	
FATHER'S INFORMATION		
Father's Name:		
Address:		
City:	State:	Zip:
Telephone:	Cell Phone:	
Occupation:		
Employer:	Work Phone:	
INTERESTS & HOBBIES		
ORGANIZATIONS, CLUBS, SPORTS, ETC.		
AUDITION DATE/TIME:		
_____ <i>(To schedule, call FGH OnCall at 1-800-844-4445, then press 1)</i>		
The above named applicant has my permission to audition for Spirit Girls.		
_____ Parent/Guardian's Signature	_____ Date	