



# TGCA 2024 Region I & II All Sports Clinic

June 7, 2024

Abilene-Cooper High School  
3639 Sayles Blvd, Abilene, TX

Cost of Attendance: \$80.00 - 2024-25 Membership Card Included

<b>TGCA PERMANENT MEMBERSHIP NUMBER</b>		<input type="checkbox"/> <b>IF NEW MEMBER</b> <i>NEVER been a TGCA Member before.</i>		
<b>LAST NAME</b>			<b>MAIDEN NAME (IF APPLICABLE)</b>	
<b>FIRST NAME</b>			<b>MIDDLE</b>	
<b>ADDRESS</b>			<b>APT</b>	
<b>CITY</b>			<b>STATE</b> <b>ZIP</b>	
<b>HOME EMAIL</b>				
<b>HOME PHONE</b>	(    )	<b>CELL PHONE</b>	(    )	
<b>SCHOOL INFORMATION</b>				
SCHOOL _____		ISD _____		
CONFERENCE 1A [ ] 2A [ ] 3A [ ] 4A [ ] 5A [ ] 6A [ ]				
<b>SCHOOL PHONE</b>	(    )	<b>FAX</b>	(    )	
<b>SCHOOL EMAIL</b>				
<b>MEMBERSHIP TYPE</b> (Check one)		<b>COACHING ASSIGNMENTS</b> (Circle all that apply)		
<input type="checkbox"/> Past President (Complimentary lifetime membership) <input type="checkbox"/> Active (coaching at an elementary or secondary school in TX) <input type="checkbox"/> Allied (coaching in college, jr. college, university, or out-of-state school) <input type="checkbox"/> Athletic Director (Complimentary if member of THSADA) THSADA Membership Number: _____ <b>(Required)</b> <input type="checkbox"/> Athletic Coordinator <input type="checkbox"/> Associate (not actively coaching/retired) <input type="checkbox"/> Student (any student in college/university pursuing a coaching career)		Varsity Head Coach	Sub-Varsity OR Assistant Coach	Junior High Coach
		Basketball Cheerleading Cross Country Golf Soccer Softball Swimming Diving Track-Field Tennis Volleyball Water Polo Wrestling	Basketball Cheerleading Cross Country Golf Soccer Softball Swimming Diving Track-Field Tennis Volleyball Water Polo Wrestling	Basketball Cheerleading Cross Country Golf Soccer Softball Swimming Diving Track-Field Tennis Volleyball Water Polo Wrestling
<b>I wish to register for the following:</b> <input type="checkbox"/> [\$80] Admittance Fee ( <i>Membership Card Included</i> ) <input type="checkbox"/> [\$40] Membership ( <i>select only if clinic fee has been paid separately by school or other means</i> ) <input type="checkbox"/> [\$40] Admittance Fee ( <i>select only if 2024 -25 membership has been paid previously</i> ) <input type="checkbox"/> Student Membership Only [\$10]		<b>METHOD OF PAYMENT:</b> Personal Check Number _____ Amount \$ _____ School Check Number _____ Amount \$ _____ Cash/Money Order _____ Amount \$ _____ Bank Name _____ Visa / Master Card / Discover / American Express # _____ Exp: _____ <input type="checkbox"/> if school credit card <i>There is a \$2.50 processing fee per credit card transaction.</i>		
		<b>TGCA OFFICE USE ONLY:</b> TID: _____		CC Auth Code: _____