

## TGCA 2015 El Paso Sports Clinic July 23-24, 2015

## Eastwood Middle School

2612 Chaswood Street, El Paso, TX

Cost of Attendance: \$70.00 - 2015-16 Membership Card Included

| TGCA PERMANENT MEMBERSHIP NUMBER  |       |   |  | √ IF NEW MEMBER  NEVER been a TGCA Member before.   |  |           |   |
|---|-------|---|--|---|--|-----------|---|
| LAST NAME   | TNAME |   |  | MAIDEN NAME (IF APPLICABLE)   |  |           |   |
| FIRST NAME  |       |   |  | MIDDLE  |  |           |   |
| ADDRESS   |       |   |  | APT   |  |           |   |
| CITY  |       |   |  |   | STATE ZIP  |           |   |
| HOME EMAIL  |       |   |  |   |  |           |   |
| HOME PHONE  | (     | ) |  | CELL PHONE  | ( )  |           |   |
| SCHOOL INFORMATION  |       |   |  |   |  |           |   |
| SCHOOLISD   |       |   |  |   |  |           |   |
| CONFERENCE 1A[]2A[]3A[]4A[]5A[]6A[]   |       |   |  |   |  |           |   |
| SCHOOL PHONE ( ) FAX ( )  |       |   |  |   |  |           |   |
| SCHOOL EMAIL  |       |   |  |   |  |           |   |
| MEMBERSHIP TYPE   |       |   |  | COACHING ASSIGNMENTS (Circle all that apply)  |  |           |   |
| (Check one) Past President (Complimentary lifetime membership)  |       |   |  | Varsity<br>Head Coach   | Sub-Varsity (<br>Assistant Coa   |           | Junior High<br>Coach  |
| Active (coaching at an elementary or secondary school in TX)  Allied (coaching in college, jr. college, university, or out-of-state s  Athletic Director (Complimentary if member of THSADA)  THSADA Membership Number:(Require  Athletic Coordinator  Associate (not actively coaching/retired)  Student (any student in college/university pursuing a coaching called |       |   | i)   | Basketball Cross Country Golf Soccer Softball Swimming Diving Track-Field Tennis Volleyball Wrestling | Basketball Cross Count Golf Soccer Softball Swimming Div Track-Field Tennis Volleyball Wrestling | ving<br>d | Basketball Cross Country Golf Soccer Softball Swimming Diving Track-Field Tennis Volleyball Wrestling |
| I wish to register for the following:   |       |   | METHOD OF PAYMENT:   |   |  |           |   |
| <pre>[\$70] Admittance Fee (Membership Card Included) [\$35] Membership (select only if clinic fee has been paid separately by school or other means) [\$35] Admittance Fee (select only if 20 – membership has been paid previously) [\$35] Student Membership Only [\$10]</pre>   |       |   | Personal Check Number Amount \$ School Check Number Amount \$ Cash/Money Order Amount \$ Bank Name Visa / Master Card / Discover ONLY:  # Exp: fi school credit card |   |  |           |   |
| TGCA OFFICE USE ONLY: TID: CC Auth Code:  |       |   |  |   |  |           |   |