TGCA 2018 El Paso Sports Clinic
July 19 - 20, 2018
Pebble Hills High School – Socorro ISD
14400 Pebble Hills Blvd, El Paso, TX
Cost of Attendance: $70.00 - 2018-19 Membership Card Included

TGCA PERMANENT MEMBERSHIP NUMBER		_____ √ IF NEW MEMBER *NEVER been a TGCA Member before.*
LAST NAME		**MAIDEN NAME (IF APPLICABLE)**
FIRST NAME		**MIDDLE**
ADDRESS		**APT**
CITY		**STATE** / **ZIP**
HOME EMAIL		
HOME PHONE ( )		**CELL PHONE** ( )

SCHOOL INFORMATION

SCHOOL_____   ISD _____

CONFERENCE 1A [ ] 2A [ ] 3A [ ] 4A [ ] 5A [ ] 6A [ ]

SCHOOL PHONE	( )	FAX	( )
SCHOOL EMAIL			

MEMBERSHIP TYPE
(Check one)

____ Past President (Complimentary lifetime membership)

____ Active (coaching at an elementary or secondary school in TX)

____ Allied (coaching in college, jr. college, university, or out-of-state school)

____ Athletic Director (Complimentary if member of THSADA)

THSADA Membership Number: _____**(Required)**

____ Athletic Coordinator

____ Associate (not actively coaching/retired)

____ Student (any student in college/university pursuing a coaching career)

COACHING ASSIGNMENTS
(Circle all that apply)

Varsity Head Coach	Sub-Varsity OR Assistant Coach	Junior High Coach
Basketball Cheerleading Cross Country Golf Soccer Softball Swimming Diving Track-Field Tennis Volleyball Wrestling	Basketball Cheerleading Cross Country Golf Soccer Softball Swimming Diving Track-Field Tennis Volleyball Wrestling	Basketball Cheerleading Cross Country Golf Soccer Softball Swimming Diving Track-Field Tennis Volleyball Wrestling

I wish to register for the following:

_____ [$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 2018 –19 membership has been paid previously)*

_____ Student Membership Only [$10]

METHOD OF PAYMENT:

Personal Check Number _____   Amount $ _____

School Check Number _____   Amount $ _____

Cash/Money Order _____   Amount $ _____

Bank Name _____

Visa / Master Card / Discover/ American Express

_____Exp: _____ CVC:_____

_____ √ if school credit card

There is a $2.50 processing fee per credit card transaction.

TGCA OFFICE USE ONLY:
TID: _____   CC Auth Code: _____

TEXAS GIRLS COACHES ASSOCIATION
P.O. Box 2137 - Austin, Texas 78768
PH: 512.708.1333   www.austintgca.com   FX: 512.708.1325