



TGCA 2019 El Paso Sports Clinic

July 18, 2019

Parkland High School
5932 Quail Lane, El Paso, TX

Cost of Attendance: \$80.00 - 2019-20 Membership Card Included

TGCA PERMANENT MEMBERSHIP NUMBER		<input type="checkbox"/> IF NEW MEMBER <i>NEVER been a TGCA Member before.</i>	
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	Basketball	Basketball
Cheerleading	Cheerleading	Cheerleading
Cross Country	Cross Country	Cross Country
Golf	Golf	Golf
Soccer	Soccer	Soccer
Softball	Softball	Softball
Swimming Diving	Swimming Diving	Swimming Diving
Track-Field	Track-Field	Track-Field
Tennis	Tennis	Tennis
Volleyball	Volleyball	Volleyball
Wrestling	Wrestling	Wrestling

I wish to register for the following: <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 2019-20 membership has been paid previously</i>) <input type="checkbox"/> 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: _____ <input type="checkbox"/> if school credit card <i>There is a \$2.50 processing fee per credit card transaction.</i>
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TGCA OFFICE USE ONLY:	CC Auth Code: _____
TID: _____	