



TGCA 2012 Houston Sports Clinic

June 13-14, 2012

Spring Branch Memorial High School

Houston, TX

Cost of Attendance: \$60.00 - 2012-13 Membership Card Included

TGCA PERMANENT MEMBERSHIP NUMBER		☐ 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[]																																				
SCHOOL PHONE	()	FAX	()																																	
SCHOOL EMAIL																																				
MEMBERSHIP TYPE (Check one)		COACHING ASSIGNMENTS (Circle all that apply)																																		
☐ 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: _____ ☐ Athletic Coordinator ☐ Associate (not actively coaching/retired) ☐ Student (any student in college/university pursuing a coaching career)		<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <th style="width: 33%;">Varsity Head Coach</th> <th style="width: 33%;">Sub-Varsity OR Assistant Coach</th> <th style="width: 33%;">Junior High Coach</th> </tr> <tr> <td>Basketball</td> <td>Basketball</td> <td>Basketball</td> </tr> <tr> <td>Cross Country</td> <td>Cross Country</td> <td>Cross Country</td> </tr> <tr> <td>Golf</td> <td>Golf</td> <td>Golf</td> </tr> <tr> <td>Soccer</td> <td>Soccer</td> <td>Soccer</td> </tr> <tr> <td>Softball</td> <td>Softball</td> <td>Softball</td> </tr> <tr> <td>Swimming Diving</td> <td>Swimming Diving</td> <td>Swimming Diving</td> </tr> <tr> <td>Track-Field</td> <td>Track-Field</td> <td>Track-Field</td> </tr> <tr> <td>Tennis</td> <td>Tennis</td> <td>Tennis</td> </tr> <tr> <td>Volleyball</td> <td>Volleyball</td> <td>Volleyball</td> </tr> <tr> <td>Wrestling</td> <td>Wrestling</td> <td>Wrestling</td> </tr> </table>		Varsity Head Coach	Sub-Varsity OR Assistant Coach	Junior High Coach	Basketball	Basketball	Basketball	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
Varsity Head Coach	Sub-Varsity OR Assistant Coach	Junior High Coach																																		
Basketball	Basketball	Basketball																																		
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: ☐ [\$30] Membership ONLY (If clinic is paid by school.) ☐ [\$60] Admittance Fee (Membership Card Included) ☐ [\$30] Admittance Fee ONLY (NO Membership Card) <i>(You must be a member of TGCA in order to attend this clinic.)</i> ☐ Past President (Complimentary) ☐ Athletic Director & THSADA Member (Complimentary) ☐ Student Membership Only [\$10]		METHOD OF PAYMENT: Personal Check Number _____ Amount \$ _____ School Check Number _____ Amount \$ _____ Cash/Money Order _____ Amount \$ _____ Visa / Master Card / Discover ONLY: # _____ Exp: _____ ☐ if school credit card <i>There is a \$2.50 processing fee per credit card transaction.</i>																																		
TGCA OFFICE USE ONLY:																																				
TID: _____		CC Auth Code: _____																																		

TEXAS GIRLS COACHES ASSOCIATION

1603 Manor Road - Austin, Texas 78722-2536

PH: 512.708.1333 www.austintgca.com FX: 512.708.1325