



TGCA 2014 Houston Sports Clinic

June 18 - 19, 2014

Tompkins High School

4400 Falcon Landing Blvd, Katy, TX

Cost of Attendance: \$60.00 - 2014-15 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)		COACHING ASSIGNMENTS (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: _____ (Required) <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)		<table border="1" style="width:100%; border-collapse: collapse;"> <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			
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I wish to register for the following: <input type="checkbox"/> [\$60] Admittance Fee (<i>Membership Card Included</i>) <input type="checkbox"/> [\$30] Membership (<i>select only if clinic fee has been paid separately by school or other means</i>) <input type="checkbox"/> [\$30] Admittance Fee (<i>select only if 2014 -15 membership has been paid prior to clinic</i>) <input type="checkbox"/> 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: _____ <input type="checkbox"/> 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: _____																																				