



TGCA 2019 Houston Sports Clinic
 June 12-13, 2019
 George Ranch High School – Lamar CISD
 8181 FM 762, Richmond, 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: _____ [\$80] Admittance Fee (<i>Membership Card Included</i>) _____ [\$40] Membership (<i>select only if clinic fee has been paid separately by school or other means</i>) _____ [\$40] Admittance Fee (<i>select only if 2019-20 membership has been paid previously</i>) _____ 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: _____	