TGCA 2017 Lubbock Region I All Sports Clinic

June 9 - 10, 2017
Coronado High School
4910 29th Dr., Lubbock, TX
Cost of Attendance: $70.00 - 2017-18 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	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:

_____ [$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 2017-18 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: _____

_____√ if school credit card CSV: _____

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