



TGCA 2012 San Antonio Sports Clinic

May 18-19, 2012

Churchill High School

San Antonio, TX

Cost of Attendance: \$60.00 - 2012-13 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 []					
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: _____ <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)			Varsity Head Coach	Sub-Varsity OR Assistant Coach	Junior High Coach
			Basketball Cross Country Golf Soccer Softball Swimming Diving Track-Field Tennis Volleyball Wrestling	Basketball Cross Country Golf Soccer Softball Swimming Diving Track-Field Tennis Volleyball Wrestling	Basketball Cross Country Golf Soccer Softball Swimming Diving Track-Field Tennis Volleyball Wrestling
I wish to register for the following:			METHOD OF PAYMENT:		
<input type="checkbox"/> [\$30] Membership ONLY (If clinic is paid by school.) <input type="checkbox"/> [\$60] Admittance Fee (Membership Card Included) <input type="checkbox"/> [\$30] Admittance Fee ONLY (NO Membership Card) <i>(You must be a member of TGCA in order to attend this clinic.)</i> <input type="checkbox"/> Past President (Complimentary) <input type="checkbox"/> Athletic Director & THSADA Member (Complimentary) <input type="checkbox"/> Student Membership Only [\$10]			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: _____		