



TGCA 2015 San Antonio Sports Clinic

May 22 - 23, 2015

O'Connor High School

12221 Leslie Road, Helotes, TX

Cost of Attendance: \$70.00 - 2015-16 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)		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"/> [\$70] Admittance Fee (<i>Membership Card Included</i>) <input type="checkbox"/> [\$35] Membership (<i>select only if clinic fee has been paid separately by school or other means</i>) <input type="checkbox"/> [\$35] Admittance Fee (<i>select only if 20 – membership has been paid previously</i>) <input type="checkbox"/> Student Membership Only [\$10]		Personal Check Number _____ Amount \$ _____ School Check Number _____ Amount \$ _____ Cash/Money Order _____ Amount \$ _____ Bank Name _____ 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: _____		

TEXAS GIRLS COACHES ASSOCIATION

1603 Manor Road - Austin, Texas 78722-2536

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