

TGCA 2014 Valley Sports Clinic

July 15 - 16, 2014 High School (TBD) McAllen, TX

Cost of Attendance: \$60.00 - 2014-15 Membership Card Included

TGCA PERMANENT MEMBERSHIP NUMBER				√ IF NEW MEMBER NEVER been a TGCA Member before.					
LAST NAME	MAIDEN NAME (IF APPLICABLE)							BLE)	
FIRST NAME				MIDDLE					
ADDRESS						APT			
CITY	YTY					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				COACHING ASSIGNMENTS (Circle all that apply)					
(Check one) Past President (Complimentary lifetime membership)				Varsity Head Coach		Sub-Varsity C Assistant Coa			
Active (coaching at an elementary or secondary school in TX) Allied (coaching in college, jr. college, university, or out-of-state so 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 called				Golf Soccer Softball Swimming Diving Track-Field Tennis		Basketball Cross Count Golf Soccer Softball Swimming Div Track-Field Tennis Volleyball Wrestling	ry ving	Basketball Cross Country Golf Soccer Softball Swimming Diving Track-Field Tennis Volleyball Wrestling	
I wish to register for the following:			METHOD OF PAYMENT: Personal Check Number Amount \$						
[\$60] Admittance Fee (Membership Card Included)			School Check Number						
[\$30] Membership (select only if clinic fee has been							Amount \$		
paid separately by school or other means)			Visa / Master Card / Discover ONLY:						
[\$30] Admittance Fee (select only if 2014 –15 membership has been paid previously)			#Exp:						
Student Membership Only [\$10]			if school credit card There is a \$2.50 processing fee per credit card transaction.						
TGCA OFFICE USE ONLY: TID: CC Auth Code:									