TGCA 2020 El Paso Virtual Clinic

July 15 – August 31, 2020

Cost of Attendance: \$100.00 - 2020-21 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 Z	IIP	
HOME EMAIL							
HOME PHONE	() CELL PH				NE ()		
	<u>'</u>	SCHOOL	INF	ORMATION			
SCHOOL				ISD			
		CONFERENCE 1A[]2	A[]	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 OR Assistant Coach		
Active (coaching at an elementary or secondary school in TX)				Basketball	Basketball	Basketball	
Allied (coaching in college, jr. college, university, or out-of-state so				Cheerleading Cross Country	Cheerleading Cross Country	Cheerleading Cross Country	
Athletic Director (Complimentary if member of THSADA) THSADA Membership Number:(Required)				Golf Soccer	Golf	Golf	
Athletic Coordinator				Softball	Soccer Softball	Soccer Softball	
Associate (not actively coaching/retired)				Swimming Diving Track-Field	Swimming Diving Track-Field	g Swimming Diving Track-Field	
Student (any student in college/university pursuing a coaching ca				Tennis Volleyball Wrestling	Tennis Volleyball Wrestling	Tennis Volleyball Wrestling	
I wish to register for the following:				THOD OF PAYMENT	:		
				Personal Check Number Amount \$			
[\$100] Admittance Fee (Membership Card Included)				ool Check Number	Amount \$		
				h/Money Order _	Amount \$		
				Bank Name			
				Visa / Master Card / Discover / American Express			
				#Exp:			
			√ if school credit card				
TOO A OFFICE LIGE ONLY.				There is a \$2.50 processing fee per credit card transaction.			
TGCA OFFICE US			C Au	th Code:			
TID:		C	o Au				

PH: 512.708.1333 <u>www.austintgca.com</u> FX: 512.708.1325