



TGCA 2024 El Paso All Sports Clinic

July 18, 2024

Bel Air High School

731 Yarbrough Drive, El Paso, TX

Cost of Attendance: \$80.00 – 2024-25 - 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 Cheerleading Cross Country Golf Soccer Softball Swimming Diving Track-Field Tennis Volleyball Water Polo Wrestling	Basketball Cheerleading Cross Country Golf Soccer Softball Swimming Diving Track-Field Tennis Volleyball Water Polo Wrestling	Basketball Cheerleading Cross Country Golf Soccer Softball Swimming Diving Track-Field Tennis Volleyball Water Polo Wrestling
I wish to register for the following:		METHOD OF PAYMENT:		
<input type="checkbox"/> [\$80] Admittance Fee (<i>Membership Card Included</i>)		Personal Check Number _____ Amount \$ _____		
<input type="checkbox"/> [\$40] Membership (<i>select only if clinic fee has been paid separately by school or other means</i>)		School Check Number _____ Amount \$ _____		
<input type="checkbox"/> [\$40] Admittance Fee (<i>select only if 2024 –25 membership has been paid previously</i>)		Cash/Money Order _____ Amount \$ _____		
<input type="checkbox"/> Student Membership Only [\$10]		Bank Name _____		
		Visa / Master Card / Discover / American Express # _____ 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: _____		