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TGCA 2020 Houston Sports Clinic

June 17, 2020

Madison High School

13719 White Heather Dr, Houston, TX

Cost of Attendance: \$80.00 - 2020-21 Membership Card Included TGCA PERMANENT √ IF NEW MEMBER NEVER been a TGCA Member before. MEMBERSHIP NUMBER **LAST NAME MAIDEN NAME (IF APPLICABLE) FIRST NAME MIDDLE** APT ADDRESS CITY STATE HOME EMAIL **HOME PHONE** CELL PHONE () **SCHOOL INFORMATION** ISD _____ SCHOOL CONFERENCE 1A[]2A[]3A[]4A[] 5A[] 6A[] FAX (SCHOOL PHONE SCHOOL EMAIL **COACHING ASSIGNMENTS MEMBERSHIP TYPE** (Circle all that apply) (Check one) Varsity Sub-Varsity OR Junior High Past President (Complimentary lifetime membership) Assistant Coach **Head Coach** 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 school) Cheerleading Cheerleading Cheerleading Cross Country Cross Country **Cross Country** Athletic Director (Complimentary if member of THSADA) Golf Golf Golf THSADA Membership Number: _____(Required) Soccer Soccer Soccer Softball Softball Softball Athletic Coordinator Swimming Diving **Swimming Diving** Swimming Diving Associate (not actively coaching/retired) Track-Field Track-Field Track-Field **Tennis Tennis Tennis** Student (any student in college/university pursuing a coaching career) Volleyball Volleyball Volleyball Wrestling Wrestling Wrestling METHOD OF PAYMENT: I wish to register for the following: Personal Check Number _____ Amount \$ _____ [\$80] Admittance Fee (Membership Card Included) School Check Number _____ Amount \$ _____ [\$40] Membership (select only if clinic fee has been Cash/Money Order paid separately by school or other means) Bank Name [\$40] Admittance Fee (select only if 2020-21 Visa / Master Card / Discover / American Express membership has been paid previously) Student Membership Only [\$10] $\sqrt{}$ if school credit card There is a \$2.50 processing fee per credit card transaction. TGCA OFFICE USE ONLY:

CC Auth Code: