



TGCA 2019 Region I & II Lubbock Sports Clinic

Thursday, June 6, 2019

TBD

Lubbock, TX

Cost of Attendance: \$80.00 - 2019-20 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 _____

<p style="text-align: center;">MEMBERSHIP TYPE (Check one)</p> <p><input type="checkbox"/> Past President (Complimentary lifetime membership)</p> <p><input type="checkbox"/> Active (coaching at an elementary or secondary school in TX)</p> <p><input type="checkbox"/> Allied (coaching in college, jr. college, university, or out-of-state school)</p> <p><input type="checkbox"/> Athletic Director (Complimentary if member of THSADA) THSADA Membership Number: _____ (Required)</p> <p><input type="checkbox"/> Athletic Coordinator</p> <p><input type="checkbox"/> Associate (not actively coaching/retired)</p> <p><input type="checkbox"/> Student (any student in college/university pursuing a coaching career)</p>	COACHING ASSIGNMENTS (Circle all that apply)		
	Varsity Head Coach	Sub-Varsity OR Assistant Coach	Junior High Coach
	Basketball Cheerleading Cross Country Golf Soccer Softball Swimming Diving Track-Field Tennis Volleyball Wrestling	Basketball Cheerleading Cross Country Golf Soccer Softball Swimming Diving Track-Field Tennis Volleyball Wrestling	Basketball Cheerleading Cross Country Golf Soccer Softball Swimming Diving Track-Field Tennis Volleyball Wrestling

I wish to register for the following:

[\$80] Admittance Fee (*Membership Card Included*)

[\$40] Membership (*select only if clinic fee has been paid separately by school or other means*)

[\$40] Admittance Fee (*select only if 2019-20 membership has been paid previously*)

Student Membership Only [\$10]

METHOD OF PAYMENT:

Personal Check Number _____ Amount \$ _____

School Check Number _____ Amount \$ _____

Cash/Money Order _____ Amount \$ _____

Bank Name _____

Visa / Master Card / Discover / American Express

_____ Exp: _____

if school credit card

There is a \$2.50 processing fee per credit card transaction.

TGCA OFFICE USE ONLY:

TID: _____ CC Auth Code: _____