



TGCA 2020 San Antonio Sports Clinic

June 19, 2020
 High School TBD
 San Antonio, TX

Cost of Attendance: \$80.00 - 2020-21 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)

- Past President (Complimentary lifetime membership)
- Active (coaching at an elementary or secondary school in TX)
- Allied (coaching in college, jr. college, university, or out-of-state school)
- 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 career)

COACHING ASSIGNMENTS

(Circle all that apply)

	Varsity Head Coach	Sub-Varsity OR Assistant Coach	Junior High Coach
<input type="checkbox"/> Basketball	<input type="checkbox"/> Basketball	<input type="checkbox"/> Basketball	<input type="checkbox"/> Basketball
<input type="checkbox"/> Cheerleading	<input type="checkbox"/> Cheerleading	<input type="checkbox"/> Cheerleading	<input type="checkbox"/> Cheerleading
<input type="checkbox"/> Cross Country	<input type="checkbox"/> Cross Country	<input type="checkbox"/> Cross Country	<input type="checkbox"/> Cross Country
<input type="checkbox"/> Golf	<input type="checkbox"/> Golf	<input type="checkbox"/> Golf	<input type="checkbox"/> Golf
<input type="checkbox"/> Soccer	<input type="checkbox"/> Soccer	<input type="checkbox"/> Soccer	<input type="checkbox"/> Soccer
<input type="checkbox"/> Softball	<input type="checkbox"/> Softball	<input type="checkbox"/> Softball	<input type="checkbox"/> Softball
<input type="checkbox"/> Swimming Diving	<input type="checkbox"/> Swimming Diving	<input type="checkbox"/> Swimming Diving	<input type="checkbox"/> Swimming Diving
<input type="checkbox"/> Track-Field	<input type="checkbox"/> Track-Field	<input type="checkbox"/> Track-Field	<input type="checkbox"/> Track-Field
<input type="checkbox"/> Tennis	<input type="checkbox"/> Tennis	<input type="checkbox"/> Tennis	<input type="checkbox"/> Tennis
<input type="checkbox"/> Volleyball	<input type="checkbox"/> Volleyball	<input type="checkbox"/> Volleyball	<input type="checkbox"/> Volleyball
<input type="checkbox"/> Wrestling	<input type="checkbox"/> Wrestling	<input type="checkbox"/> Wrestling	<input type="checkbox"/> Wrestling

I wish to register for the following: <input type="checkbox"/> [\$80] Admittance Fee (<i>Membership Card Included</i>) <input type="checkbox"/> [\$40] Membership (<i>select only if clinic fee has been paid separately by school or other means</i>) <input type="checkbox"/> [\$40] Admittance Fee (<i>select only if 2020-21 membership has been paid previously</i>) <input type="checkbox"/> 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: _____ <input type="checkbox"/> if school credit card <i>There is a \$2.50 processing fee per credit card transaction.</i>
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TGCA OFFICE USE ONLY:	CC Auth Code: _____
TID: _____	