



2009-10 SATELLITE TGCA REGISTRATION FORM

El Paso Montwood High School, El Paso, Texas

July 23 & 24, 2009

1603 Manor Road - Austin, Texas 78722-2536

512.708.1333

www.austintgca.com

TGCA PERMANENT MEMBERSHIP NUMBER				_____ ✓ IF NEW MEMBER
LAST NAME				
FIRST NAME			MIDDLE	
ADDRESS				
ADDRESS[2]				
CITY		STATE	ZIP	
HOME EMAIL ADDRESS				
HOME PHONE NUMBER	()			
CELL PHONE NUMBER	()			
SCHOOL INFORMATION	School _____ ISD _____			
CONFERENCE 1A [] 2A [] 3A [] 4A [] 5A []		TGCA REGION (1 – 8) [____]		
WORK PHONE NUMBER	()			
FAX PHONE NUMBER	()			
WORK EMAIL ADDRESS				
MEMBERSHIP TYPE	<input type="checkbox"/> Regular <input type="checkbox"/> Student <input type="checkbox"/> College <input type="checkbox"/> Athletic Director <input type="checkbox"/> Athletic Coordinator <input type="checkbox"/> Past President			
COACHING ASSIGNMENT(S) <small>(Please circle your sport(s) and then ✓ the appropriate box(s) for each.)</small>	Basketball	<input type="checkbox"/> Varsity	<input type="checkbox"/> Asst. or JV Coach	<input type="checkbox"/> Jr. High
	Cross Country	<input type="checkbox"/> Varsity	<input type="checkbox"/> Asst. or JV Coach	<input type="checkbox"/> Jr. High
	Golf	<input type="checkbox"/> Varsity	<input type="checkbox"/> Asst. or JV Coach	<input type="checkbox"/> Jr. High
	Soccer	<input type="checkbox"/> Varsity	<input type="checkbox"/> Asst. or JV Coach	<input type="checkbox"/> Jr. High
	Softball	<input type="checkbox"/> Varsity	<input type="checkbox"/> Asst. or JV Coach	<input type="checkbox"/> Jr. High
	Swimming Diving	<input type="checkbox"/> Varsity	<input type="checkbox"/> Asst. or JV Coach	<input type="checkbox"/> Jr. High
	Track-Field	<input type="checkbox"/> Varsity	<input type="checkbox"/> Asst. or JV Coach	<input type="checkbox"/> Jr. High
	Tennis	<input type="checkbox"/> Varsity	<input type="checkbox"/> Asst. or JV Coach	<input type="checkbox"/> Jr. High
	Volleyball	<input type="checkbox"/> Varsity	<input type="checkbox"/> Asst. or JV Coach	<input type="checkbox"/> Jr. High
	Wrestling	<input type="checkbox"/> Varsity	<input type="checkbox"/> Asst. or JV Coach	<input type="checkbox"/> Jr. High
I WISH TO REGISTER FOR:	METHOD OF PAYMENT:			
<input type="checkbox"/> Complimentary Membership (<i>Past Pres & THSADA Members</i>)	CASH _____ CHECK _____ MONEY ORDER _____			
<input type="checkbox"/> Satellite Membership Only - \$25.00	CREDIT CARD: VISA / MASTER CARD			
<input type="checkbox"/> Satellite Clinic Fee Only - \$25.00	# _____			
<input type="checkbox"/> Satellite Membership AND Clinic Fee - \$50.00	Expiration Date: _____/_____/_____			
<small>You can pay separately or together either on-site or in advance.)</small>	<small>TGCA will charge an additional \$2.50 fee per credit card transaction</small>			
TGCA OFFICE USE ONLY:				
PC # _____	Amount\$ _____	MO # _____	Amount\$ _____	
SC # _____	Amount\$ _____	Cash Amount\$ _____		
Bank Info: _____		Entered by: _____		