



2010-2011 TGCA REGISTRATION FORM
 1603 Manor Road - Austin, Texas 78722-2536
 PH: 512.708.1333 www.austingca.com FX: 512.708.1325

TGCA PERMANENT MEMBERSHIP NUMBER				<input checked="" type="checkbox"/> IF NEW MEMBER <i>NEVER been a TGCA Member before.</i>
LAST NAME			MAIDEN NAME (IF APPLICABLE)	
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	()			
SCHOOL FAX NUMBER	()			
WORK EMAIL ADDRESS				
MEMBERSHIP TYPE	[] Regular [] Student [] College [] Athletic Director [] Athletic Coordinator [] Past President			
COACHING ASSIGNMENT(S) <i>(Please circle your sport(s) and ✓ the appropriate box(s) for each.</i>	Basketball	[] Varsity	[] Asst. or JV Coach	[] Jr. High
	Cross Country	[] Varsity	[] Asst. or JV Coach	[] Jr. High
	Golf	[] Varsity	[] Asst. or JV Coach	[] Jr. High
	Soccer	[] Varsity	[] Asst. or JV Coach	[] Jr. High
	Softball	[] Varsity	[] Asst. or JV Coach	[] Jr. High
	Swimming Diving	[] Varsity	[] Asst. or JV Coach	[] Jr. High
	Track-Field	[] Varsity	[] Asst. or JV Coach	[] Jr. High
	Tennis	[] Varsity	[] Asst. or JV Coach	[] Jr. High
	Volleyball	[] Varsity	[] Asst. or JV Coach	[] Jr. High
	Wrestling	[] Varsity	[] Asst. or JV Coach	[] Jr. High
REGISTER FOR:		METHOD OF PAYMENT:		
<input type="checkbox"/> Complimentary Membership (<i>Past Pres & THSADA Members</i>) <input type="checkbox"/> Membership Only - \$40.00 <input type="checkbox"/> Student Membership - \$10.00 <input type="checkbox"/> Summer Clinic Fee Only - \$30.00 <input type="checkbox"/> Summer Clinic (AFTER JUNE 15) - \$35.00 <input type="checkbox"/> Membership AND Clinic Fee - \$70.00 <small>(Coaches wishing to attend the Summer Clinic must be TGCA members. You can pay separately or together either on-site or in advance.)</small>		Circle One: CASH CHECK MONEY ORDER CREDIT CARD _____ ✓ if school credit card # _____ Expiration Date: _____ / _____ <i>TGCA will charge an additional \$2.50 fee per credit card transaction</i> TGCA Authorization Code: _____		
TGCA OFFICE USE ONLY:				
PC # _____ Amount \$ _____ MO # _____ Amount \$ _____ TID: _____ SC # _____ Amount \$ _____ Cash Amount \$ _____ Bank Info: _____ Entered by: _____				