



TGCA MEMBERSHIP REGISTRATION FORM
 MEMBERSHIP for June 1, 2012 – May 31, 2013
 SUMMER CLINIC - July 10-13, 2012
 ARLINGTON CONVENTION CENTER, ARLINGTON, TX

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|---|-----|---|------------|
| 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[] | | | |
| SCHOOL PHONE | () | FAX | () |
| SCHOOL EMAIL | | | |

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

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| I wish to register for the following: <input type="checkbox"/> Bronze Package [\$50] <i>Membership ONLY</i> <input type="checkbox"/> Gold Package [\$100] <i>Membership & Clinic</i> <input type="checkbox"/> Silver Package [\$50] <i>Clinic Only</i> <input type="checkbox"/> Clinic Late Fee [\$15] <i>After June 15</i> <input type="checkbox"/> Past President (<i>Complimentary</i>) <input type="checkbox"/> Athletic Director & THSADA Member (<i>Complimentary</i>) <input type="checkbox"/> Student Membership Only [\$10] Coaches wishing to attend the Summer Clinic MUST be TGCA members. | METHOD OF PAYMENT: Personal Check Number _____ Amount \$ _____ School Check Number _____ Amount \$ _____ Cash/Money Order _____ Amount \$ _____ Visa / Master Card / Discover ONLY: # _____ Exp: _____ <input type="checkbox"/> if school credit card There is a \$2.50 processing fee per credit card transaction. |
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|------------------------------|----------------------------|
| TGCA OFFICE USE ONLY: | CC Auth Code: _____ |
| TID: _____ | |