



# TGCA 2009-10 SATELLITE CLINIC REGISTRATION FORM

Spring Branch Memorial High School, Houston, Texas  
June 23 & 24, 2009

<b>TGCA PERMANENT MEMBERSHIP NUMBER</b>		_____ √ <b>IF NEW MEMBER</b>		
<b>LAST NAME</b>				
<b>FIRST NAME</b>		<b>MIDDLE</b>		
<b>ADDRESS</b>				
<b>ADDRESS[2]</b>				
<b>CITY</b>	<b>STATE</b>	<b>ZIP</b>		
<b>HOME EMAIL ADDRESS</b>				
<b>HOME PHONE NUMBER</b>	(      )			
<b>CELL PHONE NUMBER</b>	(      )			
<b>SCHOOL INFORMATION</b>	School _____ ISD _____			
<b>CONFERENCE 1A</b> <input type="checkbox"/> <b>2A</b> <input type="checkbox"/> <b>3A</b> <input type="checkbox"/> <b>4A</b> <input type="checkbox"/> <b>5A</b> <input type="checkbox"/>	<b>TGCA REGION (1 – 8)</b> [____]			
<b>WORK PHONE NUMBER</b>	(      )			
<b>FAX PHONE NUMBER</b>	(      )			
<b>WORK EMAIL ADDRESS</b>				
<b>MEMBERSHIP TYPE</b>	<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			
<b>COACHING ASSIGNMENT(S)</b> <i>(Please circle your sport(s) and then √ the appropriate box(s) for each.</i>	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
<b>I WISH TO REGISTER FOR:</b>		<b>METHOD OF PAYMENT:</b>		
<input type="checkbox"/> Clinic Only-----[\$25.00]  <input type="checkbox"/> Membership & Clinic---[\$50.00]  <small>You can pay separately or together either on-site or in advance.)</small>		CASH _____ CHECK _____ MONEY ORDER _____  CREDIT CARD: VISA / MASTER CARD # _____  Expiration Date: ____/____/____ <small>TGCA will charge an additional \$2.50 fee per credit card transaction</small>		
<b>TGCA OFFICE USE ONLY:</b>				
PC # _____ Amount\$ _____		MO # _____ Amount\$ _____		
SC # _____ Amount\$ _____		Cash Amount\$ _____		
Bank Info: _____		Entered by: _____		