



TGCA MEMBERSHIP REGISTRATION FORM

MEMBERSHIP for June 1, 2012 – May 31, 2013

SUMMER CLINIC - July 10-13, 2012

ARLINGTON CONVENTION CENTER, ARLINGTON, TX

TGCA PERMANENT MEMBERSHIP NUMBER		☐ 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)																																		
☐ 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: _____ ☐ Athletic Coordinator ☐ Associate (not actively coaching/retired) ☐ Student (any student in college/university pursuing a coaching career)		<table border="1"> <thead> <tr> <th>Varsity Head Coach</th> <th>Sub-Varsity OR Assistant Coach</th> <th>Junior High Coach</th> </tr> </thead> <tbody> <tr> <td>Basketball</td> <td>Basketball</td> <td>Basketball</td> </tr> <tr> <td>Cross Country</td> <td>Cross Country</td> <td>Cross Country</td> </tr> <tr> <td>Golf</td> <td>Golf</td> <td>Golf</td> </tr> <tr> <td>Soccer</td> <td>Soccer</td> <td>Soccer</td> </tr> <tr> <td>Softball</td> <td>Softball</td> <td>Softball</td> </tr> <tr> <td>Swimming Diving</td> <td>Swimming Diving</td> <td>Swimming Diving</td> </tr> <tr> <td>Track-Field</td> <td>Track-Field</td> <td>Track-Field</td> </tr> <tr> <td>Tennis</td> <td>Tennis</td> <td>Tennis</td> </tr> <tr> <td>Volleyball</td> <td>Volleyball</td> <td>Volleyball</td> </tr> <tr> <td>Wrestling</td> <td>Wrestling</td> <td>Wrestling</td> </tr> </tbody> </table>		Varsity Head Coach	Sub-Varsity OR Assistant Coach	Junior High Coach	Basketball	Basketball	Basketball	Cross Country	Cross Country	Cross Country	Golf	Golf	Golf	Soccer	Soccer	Soccer	Softball	Softball	Softball	Swimming Diving	Swimming Diving	Swimming Diving	Track-Field	Track-Field	Track-Field	Tennis	Tennis	Tennis	Volleyball	Volleyball	Volleyball	Wrestling	Wrestling	Wrestling
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I wish to register for the following: ☐ Bronze Package [\$50] <i>Membership ONLY</i> ☐ Gold Package [\$100] <i>Membership & Clinic</i> ☐ Silver Package [\$50] <i>Clinic Only</i> ☐ Clinic Late Fee [\$15] <i>Begins June 15</i> ☐ Past President (Complimentary) ☐ Athletic Director & THSADA Member (Complimentary) ☐ 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: _____ ☐ if school credit card There is a \$2.50 processing fee per credit card transaction.																																		
TGCA OFFICE USE ONLY: TID: _____ CC Auth Code: _____																																				

TEXAS GIRLS COACHES ASSOCIATION

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