

TGCA MEMBERSHIP REGISTRATION FORM

MEMBERSHIP for June 1, 2016 – May 31, 2017 SUMMER CLINIC - July 12-14, 2016

ARLINGTON CONVENTION CENTER, ARLINGTON, TEXAS

TGCA PERI MEMBERSHIP N					$oxedsymbol{oxedsymbol{oxedsymbol{eta}}} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$					
FIRST NAME		,			MAIDEN NAME (IF APPLICABLE)					
LAST NAME				1			MIDDLE			
ADDRESS							APT			
CITY							STATE	ZIP		
HOME EMAIL										
HOME PHONE	()		())					
SCHOOL INFORMATION										
SCHOOL ISD										
SCHOOL PHONE	() CONFERENCE 1A[]						A[]2A[]3A]2A[]3A[]4A[]5A[]6A[]		
SCHOOL EMAIL										
MEMBERSHIP TYPE					COACHING ASSIGNMENTS (Circle all that apply)					
(Check one) Past President (Complimentary lifetime membership)						arsity d Coach			Junior High Coach	
Allied (coaching i Athletic Director THSADA Mei Athletic Coordin Associate (not ac	tary or secondary school in Totalege, university, or out-of-stary if member of THSADA) umber: (Recong/retired) e/university pursuing a coach	quired) ing career)	Basketball Cheerleading Cross Country Golf Soccer Softball Swimming Diving Track-Field Tennis Volleyball Wrestling Sheerleading Cross Country Golf Soccer Softball Swimming Diving Track-Field Tennis Volleyball Wrestling		ry ving	Basketball Cheerleading Cross Country Golf Soccer Softball Swimming Diving Track-Field Tennis Volleyball Wrestling				
I wish to register for the following:										
[] Gold Package [\$ [] Bronze Package [] Silver Package [\$ [] Clinic Late Fee [\$	ership ONLY Only*	School Ch Cash/Mor Bank Nar	neck Num ney Ordei me	nber r	Am	Amount \$ Amount \$ Amount \$				
[] Student Membership Only [\$10]					Visa / Master Card / Discover / American Express #Exp:					
*Membership is required to attend Summer Clinic					#Exp					
TGCA OFFICE USE ONLY: TID: CC Auth Code:										