



TGCA MEMBERSHIP REGISTRATION FORM
 MEMBERSHIP for June 1, 2018 – May 31, 2019
 SUMMER CLINIC - July 10–12, 2018
 ARLINGTON CONVENTION CENTER, ARLINGTON, TEXAS

TGCA PERMANENT MEMBERSHIP NUMBER		_____ <input type="checkbox"/> IF NEW MEMBER <i>NEVER been a TGCA Member before.</i>	
FIRST NAME			MAIDEN NAME (IF APPLICABLE)
LAST NAME			MIDDLE
ADDRESS			APT
CITY			STATE ZIP
HOME EMAIL			
HOME PHONE	()	CELL PHONE	()

SCHOOL INFORMATION			
SCHOOL _____		ISD _____	
SCHOOL PHONE	()	CONFERENCE 1A [] 2A [] 3A [] 4A [] 5A [] 6A []	
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: _____ (Required) <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 Cheerleading Cross Country Golf Soccer Softball Swimming Diving Track-Field Tennis Volleyball Wrestling	Basketball Cheerleading Cross Country Golf Soccer Softball Swimming Diving Track-Field Tennis Volleyball Wrestling	Basketball Cheerleading Cross Country Golf Soccer Softball Swimming Diving Track-Field Tennis Volleyball Wrestling

I wish to register for the following:

Gold Package [\$120] *Membership & Clinic*

Bronze Package [\$60] *Membership ONLY*

Silver Package [\$60] *Clinic Only**

Clinic Late Fee [\$15] ***Begins June 15***

Student Membership Only [\$10]

***Membership is required to attend Summer Clinic**

METHOD OF PAYMENT:

Personal Check Number _____ Amount \$ _____

School Check Number _____ Amount \$ _____

Cash/Money Order _____ Amount \$ _____

Bank Name _____

Visa / Master Card / Discover / American Express

_____ Exp: _____

_____ if school credit card CSV: _____

There is a \$2.50 processing fee per credit card transaction.

TGCA OFFICE USE ONLY:	
TID: _____	CC Auth Code: _____