



**TGCA MEMBERSHIP REGISTRATION FORM**  
 MEMBERSHIP for June 1, 2025 – May 31, 2026  
 SUMMER CLINIC - JULY 14 – 17, 2025  
 ARLINGTON CONVENTION CENTER – ARLINGTON, TX

<b>TGCA PERMANENT MEMBERSHIP NUMBER</b>		<input type="checkbox"/> <b>IF NEW MEMBER</b> <i>NEVER been a TGCA Member before.</i>		
<b>FIRST NAME</b>			<b>MAIDEN NAME (IF APPLICABLE)</b>	
<b>LAST NAME</b>			<b>MIDDLE</b>	
<b>ADDRESS</b>			<b>APT</b>	
<b>CITY</b>			<b>STATE</b>	<b>ZIP</b>
<b>HOME EMAIL</b>				
<b>HOME PHONE</b> ( )		<b>CELL PHONE</b> ( )		
<b>SCHOOL INFORMATION</b>				
SCHOOL _____ ISD _____				
<b>SCHOOL PHONE</b> ( )		CONFERENCE 1A [ ] 2A [ ] 3A [ ] 4A [ ] 5A [ ] 6A [ ]		
<b>SCHOOL EMAIL</b>				
<b>MEMBERSHIP TYPE</b> (Check one)		<b>COACHING ASSIGNMENTS</b> (Circle all that apply)		
<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: _____ <b>(Required)</b> <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)		Varsity Head Coach	Sub-Varsity OR Assistant Coach	Junior High Coach
		Basketball Cheerleading Cross Country Golf Soccer Softball Swimming Diving Track-Field Tennis Volleyball Water Polo Wrestling	Basketball Cheerleading Cross Country Golf Soccer Softball Swimming Diving Track-Field Tennis Volleyball Water Polo Wrestling	Basketball Cheerleading Cross Country Golf Soccer Softball Swimming Diving Track-Field Tennis Volleyball Water Polo Wrestling
<b>I wish to register for the following:</b>  <input type="checkbox"/> Gold Package [\$135] <i>Membership &amp; Clinic</i> <input type="checkbox"/> Bronze Package [\$70] <i>Membership ONLY</i> <input type="checkbox"/> Silver Package [\$65] <i>Clinic Only*</i> <input type="checkbox"/> Clinic Late Fee [\$15] <b>Begins June 15</b> <input type="checkbox"/> Student Membership Only [\$10]		<b>METHOD OF PAYMENT:</b>		
		Personal Check Number _____ Amount \$ _____ School Check Number _____ Amount \$ _____ Cash/Money Order _____ Amount \$ _____ Bank Name _____ Visa / Master Card / Discover / American Express # _____ Exp: _____ <input type="checkbox"/> if school credit card CSV: _____ <i>There is a \$2.50 processing fee per credit card transaction.</i>		
<b>TGCA OFFICE USE ONLY:</b> TID: _____		<b>CC Auth Code:</b> _____		