

# Clinic Registration/Membership 2007-08

Name \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ School Phone \_\_\_\_\_

School \_\_\_\_\_

School Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

District \_\_\_\_\_ Region \_\_\_\_\_ Classification \_\_\_\_\_ School Fax # \_\_\_\_\_

Email Address \_\_\_\_\_

**Please Check The Following:** (Clinic fee of \$60 **DOES NOT** include membership.)

Clinic (\$60 per coach) \_\_\_\_\_ 2007-2008 dues (\$30 per coach) \_\_\_\_\_

Group membership : (\$25 per coach for 4 coaches or more) \_\_\_\_\_ (\$20 per coach for 10 coaches or more) \_\_\_\_\_

**TOTAL:** \_\_\_\_\_

Send newsletters to: (Circle one only)      HOME      SCHOOL      E-MAIL

**PAYMENT INFORMATION: (Please Check One and Fill in All That Applies)**

CHECK \_\_\_\_\_      CASH \_\_\_\_\_      CREDIT CARD \_\_\_\_\_

Check #: \_\_\_\_\_ -OR-      Credit Card #: \_\_\_\_\_      Expiration Date: \_\_\_\_\_

Amount to be charged on Credit Card: \$ \_\_\_\_\_      Please circle one: VISA      MC

TABC e-mail : **TABCHoops@aol.com**  
**PHONE: 281-313-8222**

TABC website: **www.tabchoops.org**  
**FAX: 281-313-8224**

## **Coaching Position:** **Circle ONE only**

Boys Varsity

Girls Varsity

Boys Asst.

Girls Asst.

Boys 7-8 or 9

Girls 7-8 or 9

College Men

College Women

Other  
(Please List)

## **LEVELS OF MEMBERSHIP**

**Active – \$30** Coaches that are paid by a school

**Allied – \$25** Retired coaches

**Associate – \$20** Non-school coaches, parents, and friends of basketball

**Student – \$10** High school and college students interested in basketball

**All members will receive our newsletter.**

**Only Active and Allied members  
receive a membership card.**

**No refunds will be issued.**