

Clinic Registration (May 20,21 & 22)/TABC Membership 2010-11

Name _____

Home Address _____ City _____ Zip _____

Home Phone _____ Cell Phone _____

School _____ School Phone _____

School Address _____ City _____ Zip _____

District _____ Region _____ Classification _____ School Fax # _____

Email Address _____

Please Check The Following: (Clinic fee of \$60 **DOES NOT** include membership.) **NO CLINIC REFUNDS AFTER MAY 16**

Clinic (\$60 per coach) _____ 2010-2011 dues (\$30 per coach) _____

Group membership : (\$25 per coach for 4 coaches or more) _____

(\$20 per coach for 10 coaches or more) _____

PRE REGISTRATION DEADLINE IS MAY 7, 2010

TOTAL: _____

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

Mail form and payment to: TABC, PO Box 2886, Sugar Land, TX 77487 or Fax Form and CC# to: 281-313-8224

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**

LEVELS OF MEMBERSHIP

Boys Head Coach

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

Girls Head Coach

Allied – \$25 Retired coaches

Boys Asst.

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

Girls Asst.

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

Boys 7-8 or 9

Girls 7-8 or 9

All members will receive our newsletter.

College Men

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

College Women

Other
(Please List)

No refunds will be issued.