

2018-19 TABC Membership & 2019 Clinic Registration (May 16,17 & 18)

PLEASE NOTE: CLINIC PRE-REGISTRATION DEADLINE IS MAY 1, 2019

Name _____

School _____

Email Address _____

Cell Phone Number _____

Position (circle one) BOYS (men) / GIRLS (women)

Level (circle one) HEAD COACH / HS ASSISTANT / MIDDLE SCHOOL / COLLEGE

League (circle one) UIL TAPPS SPC TCAL TCAF College Conference _____

Classification (High School only) 6A 5A 4A 3A 2A 1A District # _____

Mailing Address: Please select one: Home School

Street Address _____

City _____ State _____ Zip _____

INDIVIDUAL DUES:

2018-2019 dues: (\$25 per coach **before Oct. 15**) _____ 2018-2019 dues: (\$35 per coach **after Oct. 15**) _____

CLINIC REGISTRATION 2019 (\$60 per coach) _____

GROUP MEMBERSHIPS: (Before Oct. 15)

(\$20 per coach for 3 or more coaches) _____ (\$15 per coach for 8 coaches or more) _____

(\$10 per coach for 14 coaches or more) _____ (\$10 per coach for 3 or more Jr. Hi). _____

GROUP MEMBERSHIPS: (After Oct. 15)

(\$25 per coach for 3 or more coaches) _____ (\$20 per coach for 8 coaches or more) _____

(\$15 per coach for 14 coaches or more) _____ (\$15 per coach for 3 or more Jr. Hi). _____

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 AMEX DISC

TABC e-mail: TABCHoops@aol.com

TABC website: www.tabchoops.org

PHONE: 281-313-8222

FAX: 281-313-8224

All members will receive our newsletter.

Only Active, Retired and Middle School members receive a membership card.

No refunds will be issued.

Active Coaches-\$25: Coaches that are paid by school (Before Oct. 15)

Retired- \$25: Retired Coaches

Middle School Coaches – \$15: M.S. and Jr. High coaches

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