

## TABC 2020 Clinic Registration (May 14,15 & 16)

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 \_\_\_\_\_

### **CLINIC REGISTRATION 2020 (\$75 per coach) \_\_\_\_\_**

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](mailto:TABCHoops@aol.com)  
PHONE: 281-313-8222

TABC website: [www.tabchoops.org](http://www.tabchoops.org)

**PLEASE NOTE: CLINIC PRE-REGISTRATION DEADLINE IS MAY 1, 2020.  
ONSITE REGISTRATION WILL BE AVAILABLE ALL THREE DAYS OF  
THE CLINIC FOR \$85.**