

2022-2023 MEMBERSHIP FORM & 2023 TABC CLINIC

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 _____

(Please place a checkmark by all that apply)

INDIVIDUAL DUES:

(2022-23 Dues)

Active HS Coach (\$50 per coach) _____

Retired Coach (\$25 per coach) _____

Middle School Coach (\$15 per coach) _____

OTHER (\$20 per coach) _____

Non-school coaches, parents, and friends of basketball

GROUP MEMBERSHIPS:

(\$30 per coach for 3 or more coaches from the same school) _____

(\$25 per coach for 8 or more coaches from the same school) _____

(\$10 per coach for 3 or more JUNIOR HIGH coaches from the same school) _____

TABC CLINIC REGISTRATION 2023: (\$75 per coach) _____

Mail form and payment to: TABC, PO Box 2886, Sugar Land, TX 77487

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: office@tabchoops.org

TABC website: www.tabchoops.org

PHONE: 281-313-8222

All members will receive our newsletter.
Only Active, Retired and Middle School members receive a membership card.
No refunds will be issued.

Active Coaches - \$50: Coaches that are employed by a school

Retired - \$25: Retired Coaches

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

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