

2023-24 TABC Membership Form & 2024 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 _____

TABC CLINIC REGISTRATION 2024: (\$75 per coach) _____ (May 16, 17 & 18, 2024 in San Antonio)

INDIVIDUAL DUES: (Please place a checkmark by which dues apply)

(2023-24 Dues)

Active HS Coach (\$35 per coach) _____ (\$50 per coach after Dec. 1) Retired Coach (\$25 per coach) _____

Middle School Coach (\$15 per coach) _____

Non-school coaches, parents, and friends of basketball

OTHER (\$20 per coach) _____

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) _____

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-\$35: 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