

2008-09 TABC Clinic/Membership Form

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.)

Clinic (\$60 per coach) _____ 2008-2009 dues (\$30 per coach) _____

Group membership : (\$25 per coach for 4 coaches or more) _____ (\$20 per coach for 10 coaches or more) _____

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**

Boys Varsity

Girls Varsity

Boys Asst.

Girls Asst.

Boys 7-8 or 9

Girls 7-8 or 9

College Men

College Women

Other
(Please List)

LEVELS OF MEMBERSHIP

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

Allied – \$25 Retired coaches

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

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

All members will receive our newsletter.

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

No refunds will be issued.