THSCA	THSCA ID #:		T REMEMBER MY ID NUMBE E VER BEEN A MEMBER BEFO		
TEXAS HIGH SCHOOL COACHES ASSOCIATION 300 HIGH SCHOOL COACHES EDUCATION FOUNDATION BUILDING TOURDATION	DATE OF BIRTH	://	GENDER: M F]	
P.O. DRAWER 1138, SAN MARCOS, TX 7 512.392.3741 OFFICE 512.392.3762 F		CON	NTACT & SCHO	OL INFORMATION	
LAST NAME	FIRST	NAME	MIDDLE	NAME	
PREFERRED MAILING ADDRESS			APARTMENT/UNIT #		
CITY	I agree to receive THSCA			MOBILE PHONE	
PREFERRED EMAIL ADDRESS				CHOOL WHERE EMPLOYED (IF APPLICABLE)	
CURRENT SCHOOL (WHERE EMPLOYED OR ATTENDING) SCHOOL CITY			SCHOOL	SCHOOL DISTRICT	
SUPERVISOR'S NAME & TITLE (FOR EMPLOYMENT VERIFICATION)			WORK PI	WORK PHONE	
CHECK ALL THAT CURRENTLY APPLY: SPORTS YOU ARE CURRENTLY COACHING:					
ATHLETIC DIRECTOR	1. HIGH SCHOOL JUNIOR HIGH HS HEAD COACH BOYS GIRLS				
ATHLETIC COORDINATOR	2. HIGH SCHOOL JUNIOR HIGH HS HEAD COACH		HS HEAD COACH BOYS GIRLS		
ATHLETIC TRAINER RETIRED FROM EDUCATION	3.		SCHOOL JUNIOR HIGH	HS HEAD COACH BOYS GIRLS	
The THSCA membership year will run from July 1st to June 30th of the following year, congruent with UIL and academic calendars. A portion of every membership fee goes to the THSCEF as an education fee. Applications submitted for individuals who are not current members of the THSCA, will be issued a membership for the CURRENT year, and given immediate access to THSCA online member services. The membership fee will NOT be pro-rated. If the applicant already has a current membership when submitting this application, the fee will be considered a renewal and be applied for the upcoming membership year.					
1. SELECT MEMBERSHIP TO			CHOOL OPTIONS:	3. OTHER ITEMS:	
PROFESSIONAL MEM Shall include all coaches and athletic administrators of direction of the University Interscholastic League. RETIRED MEMBERSH Shall include all members in good standing of the TH coaching career and are no longer employed by an e	IP - \$70 SCA, who have completed their ducational institution of any kind.	NO REFUNDS OR TR Registration will remai Onsite Registration fee	\$60 Rate available UNTIL JULY 1ST. ANSFERS ACCEPTED AFTER JULY 1S n open ONLINE only 7/2-7/10 at \$75.	(THSCAMEMBER DONATION) - \$5 (Increments) PROFESSIONAL LIABILITY INSURANCE	
STUDENT MEMBERSHIP - \$30 Shall include any individual actively pursuing a teaching certification & a career in coaching.		HALL OF H	ONOR TICKET - \$55	**2021-2022 COACHES LIABILITY INSURANCE CRITERIA** Coverage effect 7/1/21 through 6/30/22 (New Insurance Purchase);	
AFFILIATE MEMBERSHIP - \$70 Shall include all coaches and athletic administrators employed at a Private, Parochial, or out of state school, all College/University employees, and all individuals wishing to support the efforts of the THSCA. ALL THSCA Memberships include a subscription to Texas Coach		Tackle Training sessions onsite at Coaching School 2021 will have limited seating. You must reserve your seat in advance. Indicate below what course you need to attend and we will attempt to reserve you a seat if there is still an available session. THIS IS MY FIRST YEAR COACHING FOOTBALL, AND I NEED 9/1/21 through 6/1/22 (Renewal Insurance Purchase). Coverage purchased after 7/1/22 will commence on the payment received date. This coverage is not retroactive. You must be a coach, athletic trainer, or athletic director, including classroom duties, for an accredited secondary school, college, junior college or university within the state of Texas. Your THSCA membership must be current for the 21-22 school year to be eligible to purchase this coverage. If			
magazine, please select your preferred method of delivery: MAIL ME A COPY EMAIL DELIVERY UNSUBSCRIBE ME		THE INITIAL CERTIFIC	CATION - TACKLE TRAINING 1.0 BEEN CERTIFIED, AND I NEED TO ATION - TACKLE TRAINING 2.0	you choose to purchase this coverage & do not meet the criteria for eligibility. His everage will not be valid. Annual Premium \$50.00; State Taxes & Fees (4.925%) \$2.46; Association Admin. Fee \$5.54; TOTAL 21-22 Renewal Premium: \$58.00)	
PAYMENT SUBMITTED BY TOTAL AMOUNT DUE:					
INDIVIDUAL OR SCHOOL (SCHOOL/ISD:)	EXP DATE	CVV-CODE (Last 3 Digits on the back)	
CASH CHECK #			CARDHOLDER'S ADDRESS (IF DIFFERENT THAN ABOVE) STREET ADDRESS		
		LEASE MAKE CHECKS PAYABLE TO THSCA)	CITY, STATE	ZIP CODE	
CREDIT CARD NUMBER			CARDHOLDER'S NAME (PRINT)	CARDHOLDER'S SIGNATURE	