



HISPANIC TXHSFB
COACHES ASSOCIATION

1211 MAGELLAN, SAN ANTONIO, TX 78239
(512) 906-4751

HTXHSFBCA ID#

- I CAN'T REMEMBER MY ID NUMBER
- I'VE NEVER BEEN A MEMBER BEFORE

DATE OF BIRTH: ___/___/___

GENDER: Male Female

FOR OFFICE USE ONLY:

CONTACT & SCHOOL INFORMATION

LAST NAME	FIRST NAME	MIDDLE NAME
PREFERRED MAILING ADDRESS		APARTMENT/UNIT#
CITY	STATE	ZIP CODE
PREFERRED EMAIL ADDRESS		MOBILE PHONE
CURRENT SCHOOL		SCHOOL CITY
		SCHOOL DISTRICT

COACHING ASSIGNMENT

OTHER ASSIGNMENTS

- | | | |
|------------------------------------|-------------------------------------|-----------------------------------|
| <input type="checkbox"/> FOOTBALL | <input type="checkbox"/> BASKETBALL | <input type="checkbox"/> TRACK |
| <input type="checkbox"/> WRESTLING | <input type="checkbox"/> GOLF | <input type="checkbox"/> TENNIS |
| <input type="checkbox"/> SWIMMING | <input type="checkbox"/> X-COUNTRY | <input type="checkbox"/> BASEBALL |
| <input type="checkbox"/> OTHER | | |

- ATHLETIC DIRECTOR
- ATHLETIC COORDINATOR
- ATHLETIC TRAINER
- RETIRED FROM COACHING

REGISTRATION OPTIONS

MEMBERSHIP

- EARLY REGISTRATION = \$30: Easy Pay with PayPal
- FULL STAFF REGISTRATION = \$200: Easy with PayPal
- PAY IN-PERSON = \$40: Payment at Check-In

- FREE MEMBERSHIP
- ALREADY A MEMBER
- MAYBE NEXT TIME

EASY PAY INSTRUCTIONS & CLINIC LOCATION



EASY PAY WITH PAYPAL- Scan QR Code or visit us at hthsfbca.com, select **DONATE TODAY!**, and enter the dollar amount of the registration option selected. Make sure to select '+WRITE A NOTE' option and include your **FULL NAME** or HIGH SCHOOL (Full Staff Registration) and **HTXHSFBCA Clinic Fee** when processing payment.

CLINIC LOCATION: Leander High School
3301 S. Bagdad Road
Leander, TX 78641