



2020-2021

Last Name: _____ First Name: _____

School: _____

Address(home): _____

UIL Region: I II III IV District: _____ Class: A 2A 3A 4A 5A 6A Private

Head Coach: _____ Assistant Coach: _____ Boys: _____ Girls: _____

CHECK ONE:

_____ **Clinic (includes membership to CCCAT) – \$110.00 (\$125.00 after June 1)**

_____ **Membership Only – \$40.00**

_____ **USTFCCCA – \$10.00(membership to USTFCCCA & quarterly magazine subscription)**

*****PLEASE DO NOT MAKE COPIES FOR OTHER COACHES. HAVE TO REGISTER ONLINE TO GET THIS FORM*****

(Membership runs from June 15th, 2021 to June 15th, 2022)

Please fill this form out and return it with check or money order payable to

Cross-Country Coaches Association of Texas or CCCAT

Please send to:

Burkburnett H.S.

c/o Loy Triana

109 Kramer Rd.

Burkburnett, Texas, 76354

Questions? – contact Loy Triana at loy.triana@burkburnettisd.org or call 940-642-9585