

Texas Girls Coaches Association
All-Star Athletic Trainer Questionnaire 2020
Arlington, TX July 6th- July 9th

Name: _____

TDLR License # _____ NATA BOC# _____

Other Credentials: _____

Place of Employment: _____ High School

School Address: _____

City: _____ Zip: _____

Work Phone: () _____ Ext. _____ Fax Number: () _____

Work E-Mail Address: _____

Home E-Mail Address: _____

Home Address: _____

City _____ Zip: _____

Home Phone: () _____ Cell Phone: () _____

Alternate Cell Phone: () _____

Number of years employed at your current school: _____

Number of years experience as a high school athletic trainer: _____

Have you served as an All-Star Athletic Trainer in any sport in the past five years? _____ If so, when: _____

T-Shirt Size: _____

Polo Shirt Size: _____ circle-men's or women's

Shoe Size: _____ circle-men's or women's

Please return this application to Dawn Allen
dallenelise@gmail.com

Please include a current headshot in jpg form