

2019 COLLEGE SERVICES PROGRAM REGISTRATION

NCAA DIVISION II & III



Please complete all applicable fields and return the form with payment by **August 1, 2019**.

PLEASE PRINT OR TYPE

Institution Name: _____ Region: _____
Conference: _____ School Nickname: _____
Conference Soccer Administrator: _____ Email: _____

TEAM INFORMATION Men Women

Address: _____
City: _____ State: _____ Zip: _____
Head Coach: _____ Email: _____
Office Phone: _____ Cell Phone: _____
Sports Information Contact: _____ Sports Information Email: _____

2019 COLLEGE SERVICES PROGRAM FEES (complete coach information on back)

- Team Registration prior to October 1\$495
 Team Registration after October 1.....\$545

PLEASE NOTE: College Services is an institutional registration. This form may also be used to purchase United Soccer Coaches individual memberships.

COACH INDIVIDUAL MEMBERSHIP

Head Coach individual membership is included in team's overall annual registration fee.

- Assistant Coach _____ Email Address _____\$ 90
 Assistant Coach _____ Email Address _____\$ 90
 Graduate Assistant _____ Email Address _____\$ 90
 Additional Coach _____ Email Address _____\$ 90

Total amount for individual memberships = \$ _____
Total Amount Enclosed \$ _____

TO PAY BY CREDIT CARD

Please go to unitedsoccercoaches.org/CollegeServices and pay via our online roster manager.

If you require assistance, please contact Member Services at membership@unitedsoccercoaches.org or (816) 471-1941.

MAKE CHECK PAYABLE TO "United Soccer Coaches"

and return with form to:
United Soccer Coaches - College Services Program
30 W. Pershing Rd., Suite 350
Kansas City, MO 64108

- Return payment by August 1, 2019, to ensure team eligibility for 2019 United Soccer Coaches' Rankings.
- Institutions must be College Services members to participate in the United Soccer Coaches Awards Program (All-Region, All-America, Scholar All-America, Team Academic, Team Ethics, M.A.C. Hermann, Staff of the Year.)

FOR OFFICE USE ONLY

Date _____ Name _____ CSID# _____
Ck# _____ Amount _____ Notes _____

2019 COLLEGE SERVICES PROGRAM REGISTRATION

NCAA DIVISION II & III (CONTINUED)



HEAD COACH INFORMATION

Name: _____
Preferred Mailing Address: _____

City: _____
State: _____ Zip: _____
Cell Phone: _____
Can we text you important information? Yes No
Email: _____
Date of Birth: _____ Gender: Male Female
Race/Ethnicity (optional): Asian/Pacific Islander Black
 Hispanic Multi-Racial Native American/Alaska Native
 White Non-Hispanic
United Soccer Coaches Member No.: _____

ASSISTANT COACH INFORMATION

Name: _____
Preferred Mailing Address: _____

City: _____
State: _____ Zip: _____
Cell Phone: _____
Alternate Phone: _____ Home Work
Email: _____
Date of Birth: _____ Gender: Male Female
Race/Ethnicity (optional): Asian/Pacific Islander Black
 Hispanic Multi-Racial Native American/Alaska Native
 White Non-Hispanic
United Soccer Coaches Member No.: _____

ADDITIONAL COACH INFORMATION

Name: _____
Preferred Mailing Address: _____

City: _____
State: _____ Zip: _____
Cell Phone: _____
Alternate Phone: _____ Home Work
Email: _____
Date of Birth: _____ Gender: Male Female
Race/Ethnicity (optional): Asian/Pacific Islander Black
 Hispanic Multi-Racial Native American/Alaska Native
 White Non-Hispanic
United Soccer Coaches Member No.: _____

ASSISTANT COACH INFORMATION

Name: _____
Preferred Mailing Address: _____

City: _____
State: _____ Zip: _____
Cell Phone: _____
Alternate Phone: _____ Home Work
Email: _____
Date of Birth: _____ Gender: Male Female
Race/Ethnicity (optional): Asian/Pacific Islander Black
 Hispanic Multi-Racial Native American/Alaska Native
 White Non-Hispanic
United Soccer Coaches Member No.: _____

GRADUATE COACH INFORMATION

Name: _____
Preferred Mailing Address: _____

City: _____
State: _____ Zip: _____
Cell Phone: _____
Alternate Phone: _____ Home Work
Email: _____
Date of Birth: _____ Gender: Male Female
Race/Ethnicity (optional): Asian/Pacific Islander Black
 Hispanic Multi-Racial Native American/Alaska Native
 White Non-Hispanic
United Soccer Coaches Member No.: _____

ADDITIONAL COACH INFORMATION

Name: _____
Preferred Mailing Address: _____

City: _____
State: _____ Zip: _____
Cell Phone: _____
Alternate Phone: _____ Home Work
Email: _____
Date of Birth: _____ Gender: Male Female
Race/Ethnicity (optional): Asian/Pacific Islander Black
 Hispanic Multi-Racial Native American/Alaska Native
 White Non-Hispanic
United Soccer Coaches Member No.: _____