

# 2019 COLLEGE SERVICES PROGRAM REGISTRATION

NCCAA



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 .....\$230

Team Registration after October 1.....\$280

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](http://unitedsoccercoaches.org/CollegeServices) and pay via our online roster manager.

If you require assistance, please contact Member Services at [membership@unitedsoccercoaches.org](mailto: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

- 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, Staff of the Year.)

### FOR OFFICE USE ONLY

Date \_\_\_\_\_ Name \_\_\_\_\_ CSID# \_\_\_\_\_

Ck# \_\_\_\_\_ Amount \_\_\_\_\_ Notes \_\_\_\_\_

# 2019 COLLEGE SERVICES PROGRAM REGISTRATION

NCCAA (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.: \_\_\_\_\_