

2019 COLLEGE SERVICES PROGRAM REGISTRATION

NCAA DIVISION I



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 I (CONTINUED)



HEAD 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

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

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

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

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

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