

2020 COLLEGE SERVICES PROGRAM REGISTRATION

TWO-YEAR INSTITUTIONS



Please complete all applicable fields and return the form with payment by **August 1, 2020**.

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: _____

2020 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 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, 2020, to ensure team eligibility for 2020 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, Staff of the Year.)

FOR OFFICE USE ONLY

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

2020 COLLEGE SERVICES PROGRAM REGISTRATION

TWO-YEAR INSTITUTIONS *(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