

# 2020 COLLEGE SERVICES PROGRAM REGISTRATION

## NCAA DIVISION I



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 .....\$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](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

- 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, Team Pinnacle, M.A.C. Hermann, Staff of the Year.)

### FOR OFFICE USE ONLY

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

# 2020 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