2020 COLLEGE SERVICES PROGRAM REGISTRATION

NCAA DIVISION II &III



| PLEASE PRINT OR TYPE | |
|--|--|
| Institution Name: | Region: |
| Conference: | School Nickname: |
| Conference Soccer Administrator: | Email: |
| TEAM INFORMATION □ Men □ Women | |
| Address: | |
| | Zip: |
| | Email: |
| | Cell Phone: |
| sports information contact. | Sports Information Email: |
| - · · · · · · · · · · · · · · · · · · · | (complete coach information on back) \$395 \$44 |
| | क्या क्रम्भः orm may also be used to purchase United Soccer Coaches individual memberships. |
| COACH INDIVIDUAL MEMBERSHIP Head Coach individual membership is included in team's ov | erall 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/CollegeSel | MAKE CHECK PAYABLE TO "United Soccer Coaches" rvices and return with form to: United Soccer Coaches - College Services Program 30 W. Pershing Rd., Suite 350 |
| f you require assistance, please contact Member Services at membership@unitedsoccercoaches.o i | Kansas City, MO 64108 |
| (816) 471-1941. | 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, Staff of the Year.) |
| FOR OFFICE USE ONLY | |
| Date Name | CSID# |

2020 COLLEGE SERVICES PROGRAM REGISTRATION

NCAA DIVISION II &III (CONTINUED)

| HEAD COACH INFORMATION | ASSISTANT COACH INFORMATION |
|---|---|
| Name: | Name: |
| Preferred Mailing Address: | Preferred Mailing Address: |
| City: | City: |
| State: Zip: | State: Zip: |
| Cell Phone: | Cell Phone: |
| Alternate Phone: ☐ Home ☐ Work | Alternate Phone: |
| Email: | Email: |
| Date of Birth: Gender: ☐ Male ☐ Female | Date of Birth: Gender: ☐ Male ☐ Female |
| Race/Ethnicity (optional): ☐ Asian/Pacific Islander ☐ Black | Race/Ethnicity (optional): ☐ Asian/Pacific Islander ☐ Black |
| ☐ Hispanic ☐ Multi-Racial ☐ Native American/Alaska Native | ☐ Hispanic ☐ Multi-Racial ☐ Native American/Alaska Native |
| ☐ White Non-Hispanic | ☐ White Non-Hispanic |
| ASSISTANT COACH INFORMATION Name: | GRADUATE COACH INFORMATION Name: |
| Preferred Mailing Address: | Preferred Mailing Address: |
| | City: |
| State: Zip: | State: Zip: |
| Cell Phone: | Cell Phone: |
| Alternate Phone: | Alternate Phone: Home |
| Email: | Email: |
| Date of Birth: Gender: ☐ Male ☐ Female | Date of Birth: Gender: ☐ Male ☐ Female |
| Race/Ethnicity (optional): ☐ Asian/Pacific Islander ☐ Black | Race/Ethnicity (optional): ☐ Asian/Pacific Islander ☐ Black |
| ☐ Hispanic ☐ Multi-Racial ☐ Native American/Alaska Native | ☐ Hispanic ☐ Multi-Racial ☐ Native American/Alaska Native |
| ☐ White Non-Hispanic | ☐ White Non-Hispanic |
| ADDITIONAL COACH INFORMATION Name: Preferred Mailing Address: | ADDITIONAL COACH INFORMATION Name: Preferred Mailing Address: |
| City: | City: |
| State: Zip: | State: Zip: |
| Cell Phone: | Cell Phone: |
| Alternate Phone: | |
| Email: | Email: |
| Date of Birth: Gender: □ Male □ Female | Date of Birth: Gender: Gender: Male Female |
| Race/Ethnicity (optional): ☐ Asian/Pacific Islander ☐ Black | Race/Ethnicity (optional): ☐ Asian/Pacific Islander ☐ Black |
| ☐ Hispanic ☐ Multi-Racial ☐ Native American/Alaska Native | ☐ Hispanic ☐ Multi-Racial ☐ Native American/Alaska Native |
| ☐ White Non-Hispanic | ☐ White Non-Hispanic |