

# 2020 COLLEGE SERVICES PROGRAM REGISTRATION

NCCAA



Please complete all applicable fields and return the form with payment by **December 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 info. on next page)

- Team Registration prior to February 1.....\$230
- Team Registration after February 1.....\$280

PLEASE NOTE: Men's and women's programs need to register separately for College Services. 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 **December 1, 2020** to ensure team eligibility for **2020 United Soccer Coaches' Rankings**.

FOR OFFICE USE ONLY		
Date _____	Name _____	CSID# _____
Ck# _____	Amount _____	Notes _____

# 2020 COLLEGE SERVICES PROGRAM REGISTRATION

NCCAA (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