2024 COLLEGE SERVICES PROGRAM REGISTRATION



NCAA DIVISION I

Please complete all applicable fields and return the form with payment by August 1, 2024.

PLEASE PRINT OR TYPE		
Institution Name:		Region:
		School Nickname:
Conference Soccer Administr	rator:	Email:
TEAM INFORMATION		
		State: Zip:
		nail:
		ell Phone:
Sports Information Contact.		ports Information Email:
2024 COLLEGE SERVICES	S PROGRAM FEES (complete coach i	info. on next page)
☐ Team Registration prior to	o August 1	\$495
☐ Team Registration betwee	en August 1 and September 30	\$530
☐ Team Registration after O	ctober 1	\$570
PLEASE NOTE: Men's and women's program	ms need to register separately for College Service	ces. This form may also be used to purchase United Soccer Coaches individual memberships.
Registration for an additional \$200.	ncluded in team's overall annual registration fe	fee. Additional Coaching Staff up to 4 coaches can be added to a College Services
		dress
		dress
		dress
LI Assistant Coden	Ellium, vas.	ress
		Total amount for individual memberships = \$
		Total Amount Enclosed \$
TO PAY BY CREDIT CARD Please go to unitedsoccerco		MAKE CHECK PAYABLE TO "United Soccer Coaches" and return with form to:
and pay via our online roster		United Soccer Coaches - College Services Program
If you require assistance, plea		30 W. Pershing Rd., Suite 820 Kansas City, MO 64108
Services at membership@un		Nalisus City, Fio Office
(816) 471-1941.	The discount of the second of	 Return payment by August 1, 2024 to ensure team eligibility for 2024 United Soccer Coaches' Rankings.
FOR OFFICE USE ONLY		
Date	Name	CSID#
Ck#	Amount	Notos

2024 COLLEGE SERVICES PROGRAM REGISTRATION



NCAA DIVISION I (CONTINUED)

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