## 2024 COLLEGE SERVICES PROGRAM REGISTRATION



## **NCAA DIVISION II & III**

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

PLEASE PRINT OR TYPE				
Institution Name:		Region:		
Conference:		School Nickname:		
Conference Soccer Administrator:		Email:		
<b>TEAM INFORMATION</b> □ Men □ Women				
Address:				
		State: Zip:		
		Email:		
Office Phone:	Cel <sup>/</sup>	l Phone:		
Sports Information Contact:	Spc	orts Information Email:		
☐ Team Registration between August 1 and Sept	tember 30	\$395 \$430 \$470		
PLEASE NOTE: Men's and women's programs need to register separately	for College Service	s. This form may also be used to purchase United Soccer Coaches individual memberships.		
Head Coach Individual membership is included in team's overall annual registrat Registration for an additional \$200.  □ Assistant Coach Email A □ Graduate Assistant Email A □ Assistant Coach Email A		Address		
		Total amount for individual mambayching = ¢		
		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 820 Kansas City, MO 64108  • Return payment by August 1, 2024 to ensure team eligibility for 2024 United Soccer Coaches' Rankings.		

## 2024 COLLEGE SERVICES PROGRAM REGISTRATION



NCAA DIVISION II & III (CONTINUED)

HEAD COACH INFORMATION  Name:  Preferred Mailing Address:		ASSISTANT COACH INFORMATION  Name:  Preferred Mailing Address:					
				City:			
				State: Zip: _			Zip:
Cell Phone:		Cell Phone:					
Alternate Phone:Email:			Home □ Work				
Date of Birth:			Gender: ☐ Male ☐ Female				
Race/Ethnicity (optional):   Asian			——— ☐ 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 INFORMA		ASSISTANT COACH IN					
Name: Preferred Mailing Address:		Name: Preferred Mailing Address:					
City:							
State: Zip: _			Zip:				
Cell Phone:		Cell Phone:					
Alternate Phone:			Home 🗆 Work				
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 INFORM	MATION	ADDITIONAL COACH I	NFORMATION				
Name:		Name:					
Preferred Mailing Address:		Preferred Mailing Address: _					
City:							
State: Zip: _			Zip:				
Cell Phone:		Cell Phone:					
Alternate Phone:			Home 🗆 Work				
Email:							
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					