2024 COLLEGE SERVICES PROGRAM REGISTRATION



NAIA, NCCAA, & TWO-YEAR INSTITUTIONS

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:
		Email:
TEAM INFORMATION		
Address:		
		State: Zip:
		ail:
		I Phone:
Sports Information Contact:	Spc	orts Information Email:
$\hfill\square$ Team Registration between August 1 and 5	September 30	nfo. on next page) \$230 \$265 \$305
PLEASE NOTE: Men's and women's programs need to register sepa	arately for College Services	s. This form may also be used to purchase United Soccer Coaches individual memberships.
Registration for an additional \$200.	_	ree. Additional Coaching Staff up to 4 coaches can be added to a College Services
		ress
		ress
		ress
		Total amount for individual memberships = \$
		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.
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2024 COLLEGE SERVICES PROGRAM REGISTRATION



ACCICTANT COACH INCODMATION

NAIA, NCCAA, & TWO-YEAR INSTITUTIONS (CONTINUED)

HEAD COACH INFORMATION

Name:	Name:	
Name: Preferred Mailing Address:	Name: Preferred Mailing Address:	
City:		
State: Zip:	State: Zip:	
Cell Phone:	Cell Phone:	
Alternate Phone: Home	Alternate Phone: Home	
Email:	Email:	
Date of Birth: Gender: ☐ Male ☐ Female	Date of Birth: Gender: ☐ Male ☐ Female	
Race/Ethnicity (optional): \square Asian/Pacific Islander \square 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	
GRADUATE 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	Alternate Phone: Home	
Email:	Email:	
Date of Birth: Gender: ☐ Male ☐ Female	Date of Birth: Gender: ☐ Male ☐ Female	
Race/Ethnicity (optional): \square Asian/Pacific Islander \square 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:	ADDITIONAL COACH INFORMATION Name:	
Preferred Mailing Address:	Preferred Mailing Address:	
City:		
State: Zip:	State: Zip:	
Cell Phone:	Cell Phone:	
Alternate Phone:	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	