



US Soccer Federation
Coaching Symposium Registration Form
U.S. MNT vs. Latvia
May 27 - 28, 2006 – Hartford, CT.

Please type or print clearly. Fill out a separate form for each person attending. All sections of this application **MUST** be completed.

CONTACT INFORMATION

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

E-mail: _____

Existing US Soccer License (if applicable): _____

Affiliation (Club/College, Age Group): _____

Active-Member of US Soccer Coaches Organization: Y N Member #: _____

PAYMENT

Tuition: **\$65.00** **Active-Member of US Soccer Coaches Organization**
 \$70.00 **Non-Member**
(one game ticket is included in price of symposium)

Credit Card Number: _____ Exp. Date: _____

Credit Card Type: Amex Discover MasterCard Visa

Name on Card: _____

Signature: _____ Date: _____

Check / Money Order in the amount of \$ _____ is enclosed. (Make payable to USSF)

Please mail or fax completed form and non-refundable payment to:
US Soccer Federation
Attn: Coaching Dept.
1801 South Prairie Avenue
Chicago, IL 60616
312-808-9708 fax

Detailed information on the symposium will be sent to all registered coaches one week prior to the symposium. Questions can be directed to the U.S. Soccer Coaching Department via e-mail at coaches@ussoccer.org or by calling 312-528-1218.