



**US Soccer**  
**Coaching Symposium Registration Form**  
**U.S. WNT vs. China**  
**August 26-27, 2006**  
**Chicago, IL**

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

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**Contact Information**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

T-shirt size:    S        M        L        XL        XXL    (*circle one*)

Existing US Soccer License (if applicable): \_\_\_\_\_

Affiliation (Club/College, Age Group): \_\_\_\_\_

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

I would like an extra ticket(s) to the WNT vs. China game (\$30 per ticket): how many? \_\_\_\_\_

I would like an extra ticket(s) to the MLS Game (\$25 per ticket):                      how many? \_\_\_\_\_

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**Payment Information**

**Tuition:**            **\$75.00**            **Active-Member of US Soccer Coaches Organization**  
                         **\$85.00**            **Non-Member**  
*(two game tickets are included in price of symposium)*

Credit Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Credit Card Type:    Amex            MasterCard            Visa    (*circle one*)

Name on Card: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Check / Money Order in the amount of \$\_\_\_\_\_ is enclosed. (Make payable to: US Soccer)

**Please mail or fax completed form and non-refundable payment to:**

US Soccer  
Attn: Coaching Department  
1801 S. Prairie Avenue  
Chicago, IL 60616  
312-808-9708 fax

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Detailed information on the symposium will be sent to all registered coaches approximately one week prior to the symposium. Questions can be directed to Scott Flood via e-mail at [coaches@ussoccer.org](mailto:coaches@ussoccer.org).