



2009 Algarve Cup Symposium Application



March 6-12, 2009 - Algarve Region, Portugal

Presented by the NSCAA and the NSCAA Women's Committee

SYMPOSIUM FEE (check one) \$695 (NSCAA Member) \$795 (Non-Member)

CANDIDATE INFORMATION

Full name _____ Male Female Date of Birth _____

Address _____ City _____ State _____ Zip _____

Phone _____ (o) Phone _____ (h) E-mail _____

NSCAA membership number _____ Passport Number _____ Expiration _____

Are you a U.S. citizen? Yes No If no, birthplace _____

Do you have medical insurance? Yes No Company and Policy Number _____

Occupation _____

Roommate request _____ Single Room request (additional \$250)

In case of emergency, please notify:

Name _____ Relationship _____

Phone _____ (o) Phone _____ (h)

Check if you have special needs:

Oral Interpreter Sign Language Interpreter Other (describe) _____

I agree and understand that the National Soccer Coaches Association of America (NSCAA) has explained that the Coaching Academy program is physically demanding and I represent that I am physically able to participate fully in the Coaching Academy program. I hereby agree to save and hold harmless the NSCAA, its staff, including coaches and each of its officers and directors (the persons and entities released hereinafter being referred to individually and collectively as NSCAA) against loss or damage for any injury, illness or other condition arising out of my participation in the Coaching Academy program, and I hereby release, waive and forever discharge NSCAA from any and all claims which may be made by or on behalf of me arising out of my participation in the Coaching Academy program.

Date _____ Signed _____

Course fees include room (double occupancy), breakfast, tuition and transportation to and from the matches. Flight, transportation to and from the airport and meals other than breakfast are not included in the course fee. **A non-refundable, non-transferable deposit of \$250 is required with the application.** Please do not book travel arrangements until you have received confirmed acceptance into the course.

PAYMENT INFORMATION

To pay by credit card:

Name on card _____ Expiration date _____ V- Code _____

Card number _____ Amount \$ _____ Signature _____

APPLICATION INSTRUCTIONS

Completed application, including a minimum \$250 deposit, should be submitted no later than **Friday, Jan. 30, 2009**. Space in the course is limited. All candidates must pay in full by ONE MONTH before the start of the course. Candidates should not book airfare until they have received confirmation from the NSCAA National Office. If paying by check and your check is dishonored or returned for any reason, your account will be electronically debited for the amount of the check plus the state maximum processing fee. Checks should be made payable to NSCAA and accompany completed application form to:

Algarve Cup Symposium
800 Ann Ave
Kansas City, KS 66101
Fax: 913-362-3439

All cancellations must be submitted in writing to the NSCAA Education Department. Full forfeiture of all fees, including deposit, for candidates who cancel less than one month prior to the start of the course. Candidates admitted to a course who fail to attend will forfeit their entire course tuition. Requests for exception to this policy must be made in writing and addressed to the Standing Committee on Education of the NSCAA