



# 2008 Algarve Cup Symposium Application



March 7-13, 2008 - 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. 25, 2008**. Space in the course is limited. All candidates must pay in full by **Friday, Feb. 15, 2008**. 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:

**NSCAA COACHING ACADEMY**  
**Algarve Cup Symposium**  
**800 Ann Ave.**  
**Kansas City, KS 66101**  
**Fax: 913-362-3439**