



TEAM REGISTRATION FORM

Return this form with the applicable fee to:
Oregon Adult Soccer Association
1750 SW Skyline Blvd., Suite 121
Portland, OR 97015
Fax: 503-297-4513

DO NOT ABBREVIATE!

TEAM NAME _____

LEAGUE NAME _____

AGE GROUP/DIVISION _____

TEAM MANAGER _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

PHONE: HOME () _____ WORK () _____

FAX () _____ EMAIL _____

ALTERNATE CONTACT _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

PHONE: HOME () _____ WORK () _____

FAX () _____ EMAIL _____

I agree that all members of my team will abide by the rules of the United States Soccer Federation, the United States Adult Soccer Association, the Oregon Adult Soccer Association and the affiliated league to which my team belongs (listed above). I accept full responsibility for my team and understand that I am responsible for the conduct of my team and its fans and the financial obligation of my team to pay its fees, fines and debts.

SIGNATURE OF
TEAM MANAGER _____

DATE _____