

Certificate of Insurance Request

Requesting Party Info

League Name: _____

Team Name: _____

Attention: _____

Address: _____

Telephone: _____ E-mail: _____

Facility Information

Name of Field: _____

Field Address: _____

City/State/Zip: _____

Facility Owner:
(e.g. City, School Dist.) _____

Address: _____

Facility Rep: _____

Title of Rep: _____

Telephone: _____ E-mail: _____

Return completed request form to: Oregon Adult Soccer Association

E-mail:
player@oregonadultsoccer.com

Mail:
1750 SW Skyline Blvd, Suite 121
Portland, OR 97221

Fax:
503-297-4513