

# CERTIFICATE OF INSURANCE REQUEST

(Print or type only, do not abbreviate)

**STATE ASSOCIATION:** Oregon Adult Soccer Association

**LEAGUE:** \_\_\_\_\_

**ADDRESS:** 1750 SW Skyline Blvd. Suite 121  
Portland, Oregon 97221

**TELEPHONE:** (503) 292-1814

**ATTENTION:** Renee Scott, Anne Braghero

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**PRIMARY TEAM:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**TELEPHONE:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**ATTENTION:** \_\_\_\_\_

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**FACILITY OWNER** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**TELEPHONE:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**ATTENTION:** \_\_\_\_\_

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**FACILITY'S NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**COMMENTS:** \_\_\_\_\_

**IMPORTANT NOTE:** If this field will be used by additional teams, not including the Primary Team listed above, please include a list of team including a team contact, email, address, and phone number for each team using the field. Please contact your league representative for details.



**RETURN COMPLETED FORM TO:**

**OASA**

**1750 SW SKYLINE BLVD STE 121**

**PORTLAND, OR 97221**

**OR FAX: (503) 297-4513**