MATCH ROSTER

Must be completely filled out and presented to
the referee prior to the beginning of each match.

Date _____ Field _____

Home Team _____

Away Team _____

Match Number _____

The players listed below are properly registered with the Oregon Adult Soccer Association and appropriately playing in this match for:

Team Name _____

OASA Card #	Expiration	Player's Name	Shirt No.

INSTRUCTIONS: Fill in all players on your team. Make photocopies. Cross out those players not present

OASA 1750 SW Skyline Blvd.,Suite 121, Portland, OR 97221 Fax: 503-297-4513

WARNING: Playing while under suspension will result in an additional suspension of at least one year.
Other misuse of a player card will also result in a suspension.