

Certificate of Insurance Request

Do not abbreviate

Team Name: _____

League Name: _____

Name of Field/Facility: _____

Address: _____

City/State/Zip: _____

Facility owner (City, school district, parks district, etc.)

Address of Facility Owner: _____

City/State/Zip: _____

Phone: _____

Facility owners representative: _____

(Name of the person able to grant permission to use field. Athletic director, parks employee, etc.)

Title of representative: _____

Return to:

Oregon Adult Soccer Association
1750 Sw Skyline Blvd. Suite 121
Portland OR 97221
Fax: 503-297-4513