

Greater Portland Soccer District, Inc.

Affiliated with: Oregon Adult Soccer Association (OASA); United States Soccer Federation (USSF);
United States Amateur Soccer Association (USASA); Federation Internationale de Football Association (FIFA)

**GPSD, Inc.
P.O. BOX 271
Otis Or. 97368**

Application for Team Registration – Fall 2006

1. Team Name: _____
(The "Team") hereby applies to register as an amateur soccer team with Greater Portland Soccer District, Inc. (GPSD, Inc.). The Team's preference is to play in (check one):

<u>Open</u>	<u>Over 30</u>	<u>Over 40</u>	<u>Over 50</u>
1 st Div. (\$955.00) _____	1 st Div. (\$955.00) _____	1 st Div. (\$915.00) _____	1 st Div. (\$655.00) _____
2 nd Div. (\$935.00) _____	2 nd Div. (\$915.00) _____	2 nd Div. (\$655.00) _____	
3 rd Div. (\$915.00) _____	3 rd Div. (\$655.00) _____		
4 th Div. (\$655.00) _____			

2. Registration is due before the managers meeting on 7/24/2006 at 7:00 pm. Late registration is due by 8/11/2006 along with a \$100.00 late fee. Make your checks payable to the Greater Portland Soccer District, Inc. and mail to the address shown above.

3. The Team understands that GPSD, Inc., OASA, USASA, USSF and FIFA all have rules that are applicable to the Team. The Team agrees to abide by all of these rules.

4. The Team understands that it is only permitted to use players who are registered with and hold a current, valid identification card issued by OASA.

5. The Team understands that it will be held responsible for the actions of its players, coaches, manager and fans.

6. The undersigned manager is signing on behalf of the Team. GPSD must be notified in writing if the Team selects a new manager.

Team Manager's Signature _____ Date _____

Team Manager's name printed _____

Mailing Address _____	Home Phone _____
_____	Work Phone _____
_____	Cell Phone _____

E-mail _____

Alternate person to contact _____

Home Phone _____ Work Phone _____ Cell Phone _____

Uniform Colors: Shirts _____ Shorts _____

Team Name last season if different _____

Name of Team Sponsor (if any) _____

Home field you can provide to GPSD, Inc. (if any) _____

(If proof of use not attached – no games will be scheduled)

Check if this is your first season as a team manager with GPSD, Inc. (____)

OFFICE USE ONLY	Date _____	Team Fee \$ _____	Deposit Code _____
		Late Fee \$ _____	
		Total \$ _____	