Player Registration / Re-registration Form

Return to: OASA 1750 SW Skyline Blvd #121 Portland, OR 97221 Fax 503.297.4513 Email: office@oregonadultsoccer.com

I have read the waiver and by returning this form I agree to it.

Gender: ☐ Female ☐ Male Signature: _____

Last Name _____ First Name _____

Month of Birth ☐☐ Day of Birth ☐☐ Year of Birth ☐☐☐☐

Address _____

City _____ State _____ Zip _____

Home Phone ☐☐☐☐☐☐☐☐☐☐ Work Phone ☐☐☐☐☐☐☐☐☐☐

Email _____

Card Type

☐ New $35

New card must include:
1. Color Photo of face
2. $35.00
3. Clear photocopy of photo i.d. including date of birth.
4. This form, fully completed.

☐ Renewal $35

Renewal must include:
1. $35.00
2. Clear photocopy of photo i.d. including date of birth.
3. This form, fully completed.

☐ Replacement $10

Replacement must include:
1. $10.00
2. Clear photocopy of photo i.d. including date of birth.
3. This form, fully completed.

To pay using Credit Card (American Express, Mastercard or Visa) please provide the following information:

Name as it appears on card _____

Card Number ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Expiration Month ☐☐ Expiration year ☐☐☐☐

Signature _____

For Office Use Only

Date Received: ☐☐☐☐☐☐☐☐

Fee: $ ☐☐

Card Number ☐☐☐☐☐☐

Requirements Complete ☐

Date Entered: ☐☐☐☐☐☐☐☐

Expiration Date: ☐☐☐☐☐☐☐☐

Payment: ☐ Check # ☐☐☐☐

☐ Credit Card

☐ Cash