



Player Registration / Renewal / Replacement Form

Return to: OASA, 1750 SW Skyline Blvd, Suite 121, Portland, OR 97221
Phone: (503) 292-1814 * Fax: (503) 297-4513 * Email: player@oregonadultsoccer.com

****I have read the waiver. By signing and 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 Code:

Home Phone:

Work Phone:

Email Address:

Card Type

New \$40

Renew \$40

Replacement \$10

Must Include:

1. \$40.00
2. This form, fully completed
3. Clear photocopy of I.D., including date of birth
4. **Color** photograph of your face

Must Include:

1. \$40.00
2. This form, fully completed

Must Include:

1. \$10.00
2. This form, fully completed

To pay using your credit card (American Express, Visa or MasterCard), please provide the following information:

Name as appears on the card:

Card Number:

Expiration Month:

Expiration Year:

Signature:

FOR OFFICE USE ONLY

Date Received: _____

Expiration Date: _____

Fee: _____

Payment: Check Credit Card Cash

Card Number

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