



## Oregon Soccer Center

### Team Registration Form:

Team Name: \_\_\_\_\_

Division: \_\_\_\_\_

Team Contact: \_\_\_\_\_

Address: \_\_\_\_\_

Cell# \_\_\_\_\_

Home#: \_\_\_\_\_

E-mail: \_\_\_\_\_

2<sup>nd</sup> Team Contact: \_\_\_\_\_

Cell# \_\_\_\_\_

Deposit \_\_\_\_\_

Special Request(s): \_\_\_\_\_

### ADULT

#### WOMEN'S DIVISION

- O - 30** (WEDNESDAY NIGHT)  
**ALL PLAYERS MUST BE OVER 30**
- OPEN** (WEDNESDAY NIGHT)

#### MEN'S DIVISION

- I- II** (TUES & WED)
- III** (TUES & WED)
- O - 30** (THURSDAY NIGHT)  
**ALL PLAYERS MUST BE O-30**

#### COED DIVISIONS

- Monday GAMES**
  
- SATURDAY GAMES**
- RECREATIONAL-UPPER**
- RECREATIONAL-LOWER**
  
- SUNDAY GAMES**
- RECREATIONAL-UPPER**
- RECREATIONAL-LOWER**
  
- O - 30** (FRI - SAT NIGHTS)  
**ALL PLAYERS MUST BE OVER 30**
  
- O - 40** (FRIDAY NIGHTS)  
**ALL MALE PLAYERS MUST BE O-40**  
**ALL FEMALE PLAYERS MUST BE O-35**

I understand and agree to comply with Oregon Soccer Center Registration & Payment Policy.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please mail, Fax, email or drop off completed registration form with signature acknowledging Oregon Soccer Center Registration & Payment Policy & \$100 non-refundable deposit payable to Oregon soccer Center: We except visa/Mastercard. When Faxing or emailing registration please call with credit information. Registration will be complete when payment is received.

**Oregon Soccer Center**  
**17015 SE 82<sup>nd</sup> Drive**  
**Clackamas, OR 97015**