



Team Registration Form:

Team Name: _____

Division: _____

Team Contact: _____

Address: _____

Cell# _____

Home#: _____

E-mail: _____

2nd Team Contact: _____

Cell# _____

Deposit _____

Request(s):

\$700 team fee for 8-games. \$15 per player for player's card. Ref fees to be paid by each team at each game.

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 card information. Registration will be complete when payment is received.

Oregon Soccer Center
17015 SE 82nd Drive
Clackamas, OR 97015
PH: 503-655-PLAY (7529)
FAX: 503-650-6977

HIGH SCHOOL:

VARSITY TEAM

JV TEAM (no seniors allowed on JV teams)

Please check this box if you are a youth team wanting to play up in the HS/JV division

U-_____ age group Boys___ or Girls___

YOUTH DIVISIONS (U-5 to U-14):

COMPETITIVE TEAM

RECREATIONAL TEAM

AGE GROUP:
U-___ Boys___ or Girls___

Please check this box if you are a team that is playing up a division.
Please list your true age bracket:
U-_____