

APPLICATION FORM

OREGON SOCCER CLASSIC

May 29-31, 2010
(Memorial Day Weekend)

OFFICE USE ONLY

Date Application Form
and Payment Received _____

Amount Paid

\$ _____

Check/Money Order

Credit Card

FEES (ALL DIVISIONS) – SELECT ONE

- Communications by email
 Communications by U.S. mail

By April 20

US\$550
US\$575

After April 20 (credit card only)

US\$600
US\$625

DIVISIONS – SELECT AT LEAST ONE (If more than one, indicate priority)

- Men Open 2nd 3rd Over-30 Over-40
Women Open 2nd 3rd Over-30 Over-40

Team Name: _____

Other Names Used at Oregon Soccer Classic: _____

Manager: _____ Home Phone: _____

Address: _____ Work Phone: _____

Cell Phone: _____

E-Mail Address: _____

Tell Us About Your Team to Help Us Make Decisions (e.g., what league/division do you play in; how long has your team been together): _____

Special Concerns (e.g., let us know if you are buying plane tickets): _____

1. *Mark your choice of fee and choice of division or divisions.*
2. *Fill in the blanks.*
3. *"By April 20" means that both the Application Form and your payment have been received at the OASA office by no later than our close of business on April 20, 2010. Get them in early!!*
4. *If paying by credit card (required after April 20), see below. Otherwise, make your check or money order to "Oregon Adult Soccer Association". No cash will be accepted.*
5. *Mail this Application Form and your check, money order or credit card information to:*

OREGON SOCCER CLASSIC
OREGON ADULT SOCCER ASSOCIATION
1750 SW SKYLINE BLVD., SUITE 121
PORTLAND, OREGON 97221

-OR-

Email it, with credit card information, to office@oregonadultsoccer.com

-OR-

FAX it, with credit card information, to (503) 297-4513

YOU CAN PAY WITH A CREDIT CARD (please write clearly):

Type of Card: _____ Card No.: _____ Exp. Date: _____

Name on Card: _____ Signature: _____