MATCH ROSTER

Must be completely filled out. A copy must be presented to the referee and other team prior to the beginning of each match.

Date_____
Field_____

Home Team

_____

Away
Team_____

Match Number_____

The players listed below are properly registered with the Oregon Adult Soccer Association and appropriately playing in this match for:

Team Name_____

OASA Card #	Expires On:	Player's Name	Shirt No.

INSTRUCTIONS: Fill in all players on your team. Make photocopies. Cross out those players not present.

OASA 1750 SW Skyline Blvd.,Suite 121, Portland, OR 97221 Fax: 503-297-4513

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