# 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. |
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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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