

NWOYSL Club Information Form Seasonal Year

*ALL CLUBS MUST PLEASE COMPLETE AND SIGN THIS FORM
PLEASE PRINT CLEARLY!!*

Club Name: _____
Club Address for Billing: _____

Name of Field: _____

Complete Address of Field: _____

Field # and Size: _____

Contact or President of Club:

Name: _____

Cell Phone: _____ **Home Phone:** _____

E-mail: _____

Registrar:

Name: _____

Cell Phone: _____ **Home Phone:** _____

E-mail: _____

Field Contact: - in charge of closing field:

Name: _____

Cell Phone: _____ **Home Phone:** _____

E-mail: _____

Certified Referee Assignor:

Name: _____

Address: _____ **City:** _____

State: _____ **Zip Code:** _____ **Cell Phone:** _____

Home Phone: _____ **E-mail:** _____

As the official contact person and on behalf of the above named club, I hereby consent to abiding by all of OSA's rules and regulations as a properly registered club through the above league and through OSA. I will also agree to completely register every team, every player, and every coach that is sponsored, financed, coached, or administered to by this club whether they be male or female, members of traveling teams, competitive teams, intramural programs, recreational programs or house programs as set forth by this state association and that of the national association. Non-compliance will result in sanctions against this club.

Signed: _____ **Date:** _____