

OHIO AMATEUR SOCCER LEAGUE
Affiliated with Ohio Youth Soccer Association – North (OYSAN)

APPLICATION FOR MEMBERSHIP

NAME OF ORGANIZATION: _____

OFFICERS OR CONTACTS:

_____	_____	_____
_____	_____	_____
_____	_____	_____
Name	Address	Phone

NUMBER OF TEAMS AND AGES:

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
Age Group	Num of Teams	Team name	Team colors	Coach/Manager

LOCATION OF HOME FIELD(s): _____
(Please give name & address of field and email a map & give dimensions of fields.)

Do you have age appropriate **GOALS**, per bylaws posted on website? (www.oasl.us) Yes / No

Define your club's **MEMBERSHIP AREA** (i.e. community name, contiguous communities, school district, religious group, etc.) _____

(The OASL does not allow a club to be admitted if the defined area overlaps with an existing member - unless the existing member club services several communities, and now your new club is going to service one of those areas.)

The undersigned agrees to accept and abide by the Constitution and By-Laws of the Ohio Amateur Soccer League (OASL).

Signature

Date

Please enclose a \$100 entrance bond with this application. Bond will be refunded if membership is denied. The bond money is maintained with active membership - but is defaulted to the OASL if a member becomes inactive or non-current per the terms of the By-Laws. The OASL is a private organization and has the right to determine its membership and the rules for participation.