



**TORONTO SOCCER ASSOCIATION
ADMINISTRATOR REGISTRATION FORM**

Year 20_____

Administrator Details

OSA Registrant Number _____

Sex _____

Previous Last Name (If your last name has changed) _____

Date of Birth _____

First Name _____

Middle Name _____

Last Name _____

Street Address _____ Apt. No. _____

City/Town _____ Province _____ Country Postal Code _____

Home Telephone (____) _____ - _____ Business Telephone (____) _____ - _____

Area Code Fax Number (____) _____ - _____ E-Mail Address _____

Organization Details

Organization Type Registering With: __ Team __ League __ Division __ The Ontario Soccer Association __ Club __ District Association __

“Other” Organization Specify: _____

Organization Name: _____

Organization Registration Number: _____

List each of your Position Titles and its Group or Sub-Group that you hold with this organization: (See Procedure 3.5 on reverse side of for directions)

Position Title: _____	Group/Sub-Group: _____
Position Title: _____	Group/Sub-Group: _____
Position Title: _____	Group/Sub-Group: _____
Position Title: _____	Group/Sub-Group: _____
Position Title: _____	Group/Sub-Group: _____
Position Title: _____	Group/Sub-Group: _____
Position Title: _____	Group/Sub-Group: _____
Position Title: _____	Group/Sub-Group: _____

AGREEMENT: I have read and understand the registration rules on the reverse side of this form. I agree to abide by the Published Rules of The Ontario Soccer Association and all applicable soccer organizations with which I am affiliated.

PRIVACY STATEMENT: I understand as a registrant of The Ontario Soccer Association, my District, and my Club that I may receive information from time to time related to soccer events, programs and services. I prefer to be excluded.

Signature of Administrator: _____ Date: _____

For the use only of the Organization with which the Administrator is Registering
Signature of Organization Official: _____ Date: _____

Validation by Organization Official: _____ Date: _____