



OSCA MEMBERSHIP INVOICE



School Name: _____

School Year: _____,

Coach's Name: _____

Coach's Email: _____

Coach's Cell: _____

Boys/Girls/Both: _____

CHECK ONE OF THE FOLLOWING:

_____ One Team - \$50.00

_____ Two Teams - \$100.00

****Must be in good standing to nominate for ALL STATE and ALL DISTRICT**

- **Make checks/PO's payable to OSCA.**
- **Mail to: Oklahoma Soccer Coaches Association
9521 B Riverside Pkwy Box 278
Tulsa, OK 74137**