



## Baseball / Softball Field Practice Request Application

Name: \_\_\_\_\_ Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone (daytime): \_\_\_\_\_ Phone (evening): \_\_\_\_\_

Email Address: \_\_\_\_\_

Association/Affiliation: \_\_\_\_\_

Liability Insurance Provided by: \_\_\_\_\_

Facility Requested (Circle preferred choice, underline second choice):

Bobby Hopkins      Grey Strang      Kevin Calia      B-Field      C-Field  
Carl Yearwood      Jefferson Middle      Pinewood      Big Turtle

Beginning and End Dates: \_\_\_\_\_ thru \_\_\_\_\_

Day(s) Requested (Circle all that applies):

Monday      Tuesday      Wednesday      Thursday      Friday      Saturday      Sunday

Requested Start Time: \_\_\_\_\_ Practice End Time: \_\_\_\_\_

\* Oak Ridge Recreation and Parks reserves the right to cancel/reschedule any practice at any time due to concerns about field conditions & with at least 72 hours notice for use by tournaments or games.

Send Information to:

**Steve Stone**

City of Oak Ridge Recreation & Parks

P.O. Box 1

Oak Ridge, TN 37831

Phone: 865-425-3443

Fax: 865-425-3418

sstone@oakridgetn.gov

Date payment received:

For Office Use Only

Date request received:

For Office Use Only