



Soccer 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 all that applies):

Katie Hunter Energy Solutions Milt Dickens Katie Hunter Lasalle

Date(s) & Times Requested: _____

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