

## Soccer Match 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	s Milt Dickens	Katie Hunter Lasalle
Game Schedule:		
* Please attach game schedule of	all requested game d	ays and times for each field
SERVICES REQUESTED		
Admission Fee (gate): NO YES (if yes, please write price below)		
Adult: Your	th:	Child:
Send Information to: Steve Stone		Date payment received:
City of Oak Ridge Recreation & Parks		For Office Use Only
P.O. Box 1 Oak Ridge, TN 37831		For Office Use Offiy
Phone: 865-425-3443		Date request received:
Fax: 865-425-3418		
sstone@oakridgetn.gov		For Office Use Only