

Tennis Court Tournament & Special Event Request Application

Name:	ne:Organization:	
Address:		
City:	State:	Zip Code:
hone (daytime): Phone (evening):		
Email Address:		
Tournament Classification:		
Association/Affiliation:		
Liability Insurance Provided by:		
Date(s) Requested:		
Daily Match Start Times:Number of Participants:		
Facility Requested (Circle all that appli	es):	
Jackson Square (12345678)	Oak Ridge High Scho	ool(1 2 3 4 5 6 7 8 9 10 11 12 13 14)
SERVICES REQUESTED		
Admission Fee (gate): NO	YES (if yes, please write price below)	
Adult:	Youth:	Child:
Send Information to:		
Steve Stone		Date payment received:
City of Oak Ridge Recreation & Parks P.O. Box 1		For Office Use Only
Oak Ridge, TN 37831		,
Phone: 865-425-3443		Date request received:
Fax: 865-425-3418 sstone@oakridgetn.gov		For Office Use Only