

## Baseball / Softball Field Game 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):		
Bobby Hopkins Grey Strang	Kevin Calia	B-Field C-Field
Carl Yearwood J	efferson Middle	Big Turtle
Game Schedule:		
* Please attach game schedule of all requested game days and times for each field		
SERVICES REQUESTED		
Admission Fee (gate): NO YES (if yes, please write price below)		
Adult: Youth:		Child:
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