



Tennis Court 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):

Jackson Square (1 2 3 4 5 6 7 8) Oak Ridge High School (1 2 3 4 5 6 7 8 9 10 11 12 13 14)

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