



Baseball / Softball Field 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):

Bobby Hopkins

Grey Strang

Kevin Calia

B-Field

C-Field

Carl Yearwood

Jefferson Middle

Big Turtle

Beginning and End Dates: _____ thru _____

Day(s) Requested (Circle all that apply) Mon Tue Wed Thu Fri Sat Sun

Requested Start Time: _____ Practice End Time: _____

*Oak Ridge Recreation and Parks reserves the right to cancel/reschedule any practice at any time due to concerns about field conditions & with at least 72 hours' notice for use by tournaments or games.

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