



## Soccer 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):

Katie Hunter    Energy Solutions    Milt Dickens    Katie Hunter    Lasalle

Beginning and End Dates: \_\_\_\_\_ thru \_\_\_\_\_

Practice Day(s) Requested (Circle all that applies): Mon – Tues – Wed – Thurs – Fri – Sat – Sun

Requested Start Time: \_\_\_\_\_ Practice End Time: \_\_\_\_\_

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