

## Baseball/Softball Field Tournament & Special Event Request Application

Name:	Organizati	ion:	
Address:			
City:	State:	Zip Code:	
Phone (daytime):	Ph	oone (evening):	
Email Address:			
Tournament Classification:			
Association/Affiliation:			
Liability Insurance Provided by:			
Facility Requested (Circle all that applies):			
Carl Yearwood	Big Turtle	Kevin Calia B-Field C-Field	
Date(s) Requested:			
Daily Game Start Times:		Number of Teams:	
SERVICES REQUESTED			
Admission Fee (gate): NO	YES (if yes,	s, please write price below)	
Adult: You	ıth:	Child:	
Concession Stand Requested: NC	)YE	ES .	
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		Date payment received:  For Office Use Only  Date request received:	
rax: 865-425-3418 sstone@oakridgetn.gov		For Office Use Only	