

Soccer Tournament & Special Event Request Application

Name:	Organization:	
Address:		
City:	State:	Zip Code:
Phone (daytime):	Pho	one (evening):
Email Address:		
Tournament Classification:		
Association/Affiliation:		
Liability Insurance Provided by:		
Facility Requested (Circle all that applies):		
Katie Hunter Energy Solution	s Milt Die	ckens Katie Hunter Lasalle
Date(s) Requested:		
Daily Game Start Times:	Number of Teams	
SERVICES REQUESTED		
Admission Fee (gate): NO	YES (if yes,	please write price below)
Adult: You	th:	Child:
Send Information to: Steve Stone City of Oak Ridge Recreation & Parks P.O. Box 1		Date payment received: For Office Use Only
Oak Ridge, TN 37831 Phone: 865-425-3443 Fax: 865-425-3418 sstone@oakridgetn.gov		Date request received: For Office Use Only