

## Tennis Court Tournament & Special Event Request Application

| Name:   | Organization:                      |                       |
|---|------------------------------------|-----------------------|
| Address:  |                                    |                       |
| City:   | State: Zip Coo                     | de:                   |
| Phone (daytime): Phone (evening):   |                                    |                       |
| Email Address:  |                                    |                       |
| Tournament Classification:  |                                    |                       |
| Association/Affiliation:  |                                    |                       |
| Liability Insurance Provided by:  |                                    |                       |
| Date(s) Requested:  |                                    |                       |
| Daily Match Start Times:Number of Participants:   |                                    |                       |
| 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) |                                    |                       |
| SERVICES REQUESTED  |                                    |                       |
| Admission Fee (gate):NO   | YES (if yes, please write price be | elow)                 |
| Adult: Yo   | outh: Child:                       |                       |
| Send Information to:  Steve Stone  City of Oak Ridge Recreation & Parks P.O. Box 1        |                                    | ent received:<br>Only |
| Oak Ridge, TN 37831 Phone: 865-425-3443 Fax: 865-425-3418 sstone@oakridgetn.gov           | Date reques                        |                       |