



## Tennis Court Match 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):

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 )

Game Schedule:

\* Please attach game schedule of all requested game days and times for each field

### SERVICES REQUESTED

Admission Fee (gate): \_\_\_\_\_ NO    \_\_\_\_\_ YES (if yes, please write price below)

Adult: \_\_\_\_\_ Youth: \_\_\_\_\_ Child: \_\_\_\_\_

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