

Baseball / Softball Field Practice Request Application

Name:	Organizat	Organization:					
Address:							
City:	State:	State: Zip Code:					
Phone (daytime):	Phone (evening):						
Email Address:							
Association/Affiliation:							
Liability Insurance Provided by:							
Facility Requested (Circle all that applie	rs):						
Bobby Hopkins Grey St	trang Kevin	Calia	B-Field	}	C-Field		
Carl Yearwoo	od Jefferson Mid	idle Bi	g Turtle				
Beginning and End Dates:	thru						
Day(s) Requested (Circle all that apply)	Mon Tue	Wed	Thu	Fri	Sat	Sun	
Requested Start Time:	Pra	Practice End Time:					
*Oak Ridge Recreation and Parks reserve to concerns about field conditions & wi	_		•	•	•		
Send Information to: Steve Stone City of Oak Ridge Recreation & Parks P.O. Box 1			Date payr For Office U		ceived:		
Oak Ridge, TN 37831 Phone: 865-425-3443 Fax: 865-425-3418			Date requ For Office U		eived:		

sstone@oakridgetn.gov