



Soccer Practice 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):

Katie Hunter Energy Solutions Milt Dickens Katie Hunter Lasalle

Beginning and End Dates: _____ thru _____

Practice Day(s) Requested (Circle all that applies): Mon – Tues – Wed – Thurs – Fri – Sat – Sun

Requested Start Time: _____ Practice End Time: _____

Send Information to:

Steve Stone

City of Oak Ridge Recreation & Parks

P.O. Box 1

Oak Ridge, TN 37831

Phone: 865-425-3443

sstone@oakridgetn.gov

Date payment received:
For Office Use Only

Date request received:
For Office Use Only