



## Knox County Sportspark Tournament Request Application

Tournament Dates \_\_\_\_\_ (only one request per application)

Name \_\_\_\_\_ Organization \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone (daytime) \_\_\_\_\_ Phone (evening) \_\_\_\_\_

Fax Number \_\_\_\_\_ Email Address \_\_\_\_\_

Daily Game Start Times \_\_\_\_\_ Number of Teams \_\_\_\_\_

Tournament Classification \_\_\_\_\_

State/National Championship \_\_\_\_\_ Yes \_\_\_\_\_ No

Association/Affiliation \_\_\_\_\_

**SOFTBALL** Youth \_\_\_\_\_ Adult \_\_\_\_\_ **BASEBALL** 14-U \_\_\_\_\_ 12-U \_\_\_\_\_ 10-U \_\_\_\_\_ 8-U \_\_\_\_\_

Slow Pitch \_\_\_\_\_ Fast Pitch \_\_\_\_\_

### **SERVICE REQUESTED**

Number of fields requested 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_ 5 \_\_\_\_\_

Football 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_

Admission (gate) \_\_\_\_\_ Yes \_\_\_\_\_ No (If yes, what will be the cost?) Adult \_\_\_\_\_

Youth \_\_\_\_\_

Tournament Pass \_\_\_\_\_

Souvenir Sales \_\_\_\_\_ Yes \_\_\_\_\_ No Meeting Room Needed? \_\_\_\_\_ Yes \_\_\_\_\_ No

How many vendors/type? \_\_\_\_\_

Date request received \_\_\_\_\_ (for office use only)

*Send request to Allen Lambert*

[allen.lambert@knoxcounty.org](mailto:allen.lambert@knoxcounty.org)

Fax: 215-6603

Sportspark: 470-2140

