

Spring Indoor Volleyball **Application Agreement** **PLEASE FILL OUT COMPLETELY**

We, the undersigned, representing the _____ team, hereby
(team name)
make an application for entry in the following league(s):

Circle One:

Monday Upper League

Wednesday Upper League(full size)

Monday Lower League

Fee: \$300 Returning Teams
\$350 New Teams

(payable to the City of Stamford)

If accepted into the league, we agree to abide by the rules and regulations as drawn up by the Stamford Recreation Services Division. Signed: Team Manager: _____

PRINT INFORMATION CLEARLY

Team _____ League Last Year _____ This Year _____

(Contact Person) _____

Address _____, City _____, State ____ Zip _____
(If Industrial Team, Company Address)

Telephone- Home _____ Work _____ Ext. _____

Cell _____ Email: _____

Second Contact Person _____

Telephone-Work _____ Cell _____ Email _____

FOR OFFICE USE ONLY:

Amount Paid: \$ _____ Date Received: _____

Cash: _____ Check #: _____ Mastercard: _____ Visa: _____