Stamford Recreation Services

Softball Application Agreement

PLEASE FILL OUT COMPLETELY

			team, hereby
make an app	ilication for entry in the following league	team name) (s):	
Circle the le	eague your team is signing up for:		
Monday: Men's Open A		<u>Wednesday</u> Men's Industrial	
Men's Ope	n B		
<u>Monday:</u> Women's		<u>Thursday</u> Men's Industrial A	
<u>Tuesday</u> Coed Industrial		Men's Industrial B	
		<u>Friday</u> Men's Open C	
Wednesday	Y		
Coed Open East		Men's Open D	
Coed Open West		<u>Sunday</u> Men's Open	
Fee:	\$680 for returning weeknight tea \$725 for new weeknight teams \$630 for Sunday teams \$680 for new Sunday teams	ams (Monday-Friday)	

Returning team is defined as a team that has participated in the same league within the past 12 months

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:_____

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PRINT INFORMATION CLEARLY		
Team	(Team Manager)	
What league did your team play in l	ast year (Please include last year's team na	me & if the manager has changed)
Address(If Industrial Team, Company Ac	, City	, StateZip
Telephone-Cell Number:		
League fee will be added to the Team mar	nager's family account on Communi	ty Pass: Do you have an account? Y/N
Second Contact Person		
Telephone- Cell	Email	

IMPORTANT INFORMATION:

Team application, Team Forfeit form are due on or before

Thursday March, 6th, 2025.

Payment Due March 21st

Team application and Forfeit form can be emailed to <u>StamfordRecreationLeagues@stamfordct.gov</u>

Please do not send to or CC Meg or Jack in your email

We are asking that teams pay online or mail their checks into the office. In order to pay online you will need to have emailed in your Team Application/Forfeit Form in order to add the fee to your account online.

Rosters can be emailed, mailed or can be dropped off in the black mail box that says Recreation Services outside of the Cashiering and Permitting Department in the lobby.

Stamford Recreation Services Attn: Meg Gearhart 888 Washington Blvd. Stamford, CT 06901

MAYOR CAROLINE SIMMONS

DIRECTOR OF PARKS & RECREATION KEVIN MURRAY

Email: kmurray@stamfordct.gov

ASSISTANT SUPERINTENDENT OF RECREATION MEG GEARHART

Tel: (203) 977-5221 Email: mgearhart@stamfordct.gov



RECREATION SUPERVISOR

JACK LYONS Tel: (203) 977-4645 Email: JLyons@StamfordCT.gov

CITY OF STAMFORD

RECREATION SERVICES DIVISION 888 WASHINGTON BOULEVARD, 6th FLOOR STAMFORD, CT 06901 977-5214, fax 977-5504

www.stamfordrecreation.com

FORFEIT CONTRACT

The City of Stamford has a Zero Tolerance Rule for forfeits.

A Forfeit is defined as when a team notifies our office less than 24 hours prior to their game, that they will be forfeiting their game; shows up to the field without enough players to participate or fails to show up to a scheduled game without notice.

If your team forfeits in 2025 you must pay \$70 (\$35 to each umpire) on the field at your next scheduled game or your team will forfeit their next scheduled game as well.

If a team forfeits twice from the league, they will be permanently removed.

In consideration for playing in the league, I understand that by signing this form that I will be responsible for paying referee fee's if my team forfeits. I understand that if I do not pay the fee that my team will be removed from the league and I, as well as my teammates will be suspended until the forfeit fee is paid.

Managers Name	Team Name	 Date