

CITY OF STAMFORD RECREATION DEPARTMENT

Kickball LEAGUE

Team Fee: **\$325 (Spring)**
 \$225 (Fall)

(Payable To: City of Stamford)

Please Print Clearly

League [] Beginners [] Veterans

TEAM NAME LAST YEAR _____

NEW TEAM NAME _____

TEAM MANAGER/CAPTAIN _____

MANAGER/CAPTAIN ADDRESS _____

MANAGER/CAPTAIN PHONE #: HOME _____ WORK _____

CELL _____

Email: _____

IF NECESSARY, OUR TEAM WOULD LIKE TO BE SCHEDULED FOR A BYE

ON _____ (Some leagues may not require a Bye so these requests
are not guaranteed)