

# **Beach 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:      Intermediate  
                         Tuesday:      Intermediate              Beginner  
                         Wednesday:      Intermediate              Beginner  
                         Thursday:      Beginner  
                         Friday:      Beginner/Intermediate

**Fee:**              **\$350**              **Returning teams**  
                         **\$400**              **New teams**

**\*\*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 last year** (Please include last year's team name & if the manager has changed)

Address \_\_\_\_\_, City \_\_\_\_\_, State \_\_\_\_ Zip \_\_\_\_\_  
(If Industrial Team, Company Address)

Telephone-Cell Number: \_\_\_\_\_ Email: \_\_\_\_\_

League fee will be added to the Team manager's family account on Community Pass: Do you have an account? **Y/N**

Second Contact Person \_\_\_\_\_

Telephone- Cell \_\_\_\_\_ Email \_\_\_\_\_

Team application and Forfeit contract can be emailed to [StamfordRecreationLeagues@stamfordct.gov](mailto:StamfordRecreationLeagues@stamfordct.gov)  
**Please do not send to or CC Meg or Jack in your email**

MAYOR  
CAROLINE SIMMONS

DIRECTOR OF PARKS & RECREATION  
KEVIN MURRAY

Email: [kmurray@stamfordct.gov](mailto:kmurray@stamfordct.gov)

ASSISTANT SUPERINTENDENT OF  
RECREATION

MEG GEARHART

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RECREATION SUPERVISOR

JACK LYONS

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## CITY OF STAMFORD

RECREATION SERVICES DIVISION

888 WASHINGTON BOULEVARD, 6<sup>th</sup> FLOOR

STAMFORD, CT 06901

977-5214, fax 977-5504

[www.stamfordrecreation.com](http://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 \$50 to the recreation department. The forfeit fee will be added to your community pass account and must be paid by the next day.**

**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