

**Fall 2025**

**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                      Advanced  
                         Tuesday:                      Beginner  
                         Wednesday:                      Intermediate                      Advanced

**Fee:**              **\$400**              **Returning team's Fee**  
                         **\$450**              **New team's Fee**

\*\*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:** \_\_\_\_\_

*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  
Tel: (203) 977-5221  
Email: [mgearhart@stamfordct.gov](mailto:mgearhart@stamfordct.gov)



**RECREATION SUPERVISOR**  
JACK LYONS  
Tel: (203) 977-4645  
Email: [JLyons@StamfordCT.gov](mailto:JLyons@StamfordCT.gov)

## 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 \$30 on the court 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