

Stamford Recreation Services

Softball 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 the league your team is signing up for:

Monday:

Men's Open

Wednesday

*Men's Industrial

Monday:

Women's

Thursday

*Men's Industrial

Tuesday

*Coed Industrial

Thursday

Men's Open

Tuesday

Coed Open

Friday

Men's Open

Wednesday

Coed Open

Sunday

Men's Open

Fee: \$680 for returning weeknight teams (Monday-Friday)

\$725 for new weeknight teams

\$630 for Sunday teams

\$680 for new Sunday 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: _____

*** Industrial manager**, please initial to verify your understanding that your team MUST be 100% full-time employees from the same company or if you have combined with another company that the roster split is at least 60% and 40%.
See softball rule 1D Team Manager Initial: _____

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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 _____

IMPORTANT INFORMATION:

Team application, Team Forfeit form are due on or before
Thursday March, 12th, 2026.
Payment Due March 27th

Team application and Forfeit form can be emailed to StamfordRecreationLeagues@stamfordct.gov
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 will be submitted online in 2026. Team managers responsible for entering all player name and full information along with copies of male player IDs all in QuickScores.

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 2026 you must pay \$80 (\$40 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