

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

# Stamford Recreation Services

## **Softball Application Agreement**

**PLEASE FILL OUT COMPLETELY**

*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, 12<sup>th</sup>, 2026.**

**Payment Due March 27<sup>th</sup>**

Team application and Forfeit form can be emailed to [StamfordRecreationLeagues@stamfordct.gov](mailto: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](mailto:kmurray@stamfordct.gov)

**ASSISTANT SUPERINTENDENT OF  
RECREATION**

MEG GEARHART

Tel: (203) 977-5221

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

**RECREATION SUPERVISOR**

JACK LYONS

Tel: (203) 977-4645

Email: [JLyons@StamfordCT.gov](mailto:JLyons@StamfordCT.gov)

# 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