



Attitude is a Decision

ADULT LEAGUE SOFTBALL CANTON SPORTS CENTER



Spring 2021

Canton Sports Center
46555 W Michigan Ave
Canton MI 48188
Phone: 734/483-5600
Fax: 734/483-6940
csc.canton-mi.org

Schedules/Standings



Team Fee includes:

WORTH Softballs,
Practice time, Awards,
and Scoresheets

Umpire Fees:

\$15/game paid at field

Recorded Weather and

Field Conditions:

734/483-2913

Weather re-scheduled

games may require a
triple-header

RainedOut

Sign-up for text alerts at
www.rainedout.net

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Center

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@CantonSportsCenter

Please Circle Double-Header League Choice (14 Games + Playoffs)

SUNDAY 4/18 \$575	MONDAY 4/19 \$575	WEDNESDAY 4/14 \$575	THURSDAY 4/15 \$575
Men's D Rec 5:00/6:15pm	Men's E Open	Men's D Rec	Men's D Rec
Co-Ed E Rec 5:30/6:45pm	Men's E Rec	Co-Ed E Rec	Men's E Open
Co-Ed Comp 7:30/8:45p	Co-Ed E Rec	Co-Ed Comp	Men's E Rec
Men's E Rec 8:00/9:15pm	Co-Ed Comp		

Register online @csc.canton-mi.org or call 734/483-5600

- **Team Fees: \$575 - Includes 14 Double-Header Games plus Playoffs**
- **Game Times:** Sundays: set times above or Monday, Wednesday, Thursday: 6:30/7:45 pm.
- **Please Note:** A \$300 deposit non-refundable payment is due at the time of registration (cash, check or credit card). Spots will not be saved without a deposit or payment. When using the payment plan a credit card must be provided at time of registration to be automatically charged for final payment of TOTAL BALANCE DUE on April 26, 2021. Teams not paid in full will lose their spot in the league. Forfeit fees are required if a team misses more than 2 games

Class	Skill Level	HR
Men's D Rec	Men's upper recreational teams – unlimited D or E – four C+ max	4
Men's E Open	Men's upper E teams – unlimited D or E – two D Elite max	3
Men's E Rec	Lowest level of men's play – unlimited E players – two D max – no C or above	2
Co-Ed Comp	Co-Ed teams looking for highly competitive play for upper recreational and competitive teams – Open rosters	4
Co-Ed E Rec	Co-Ed recreational – unlimited E players – two D men's max – open women	2

Team Name: _____

Manager: _____

Address: _____ City: _____ Zip: _____

Phone: _____ Email: _____

2nd Contact: _____ Email: _____

Phone: _____

Payment Plan: Yes ___ No ___ Cash Amt: _____ CC Amt: _____ Check Amt: _____

Check #: _____ Driver License # _____ (required with check)