

Garden City Parks & Recreation

ADULT SOFTBALL

SPRING LEAGUE

The Parks & Recreation office is located UPSTAIRS at the Garden City Ice Arena
 200 Log Cabin Rd, Garden City, MI 48135 Phone: (734) 793-1882
 Office Hours: Mon-Fri, 12:00-6:00pm Web: www.gardencitysoftball.com



2018 SPRING LEAGUE INFORMATION - \$100.00 Deposit Due at Sign-Up

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SUNDAY		
League	Coed		Men's	Men's	Men's	Men's	Men's	Men's
Class	E	D	D	E	Super D	E	E	D
Start Date	April 16		April 18	April 19	April 13	April 15	April 15	April 15
# of Teams	6	6	12	12	12	6	6	6
Divisions	1	1	2	2	2	1	1	1
HR Limit	1	2	3	1	4	1	1	3
# of Games	14		14	14	14	14	14	14
League Fee	\$730.00	\$730.00	\$730.00	\$730.00	\$730.00	\$730.00		
Ump Fees	Paid at the field; \$14.00 per team per game, including playoffs (CASH ONLY!)							
Game Times	Double-Headers, 6:30/7:45pm or 9:00/10:15pm (rotate weekly, M-F Leagues Only; Sunday have set times)					1:00 & 2:15pm	3:30 & 4:45pm	6:00 & 7:15pm
OFF DATES	5/28	None	None	None	4/27 & 5/25	4/29 & 5/27		
Playoffs	Single-elimination (All teams qualify); Played immediately following completion of league schedule (1-2 nights)							
Awards	Trophies for League Champ, Runner-Up and Playoff Champ; Individual Awards for League Champs and Playoff Champs.							

League Information for Spring, 2018

- The Main Office accepts Credit Card (Visa/MC/Disc/Amex)
- **Wednesday Men's D CANCELLED as of 1/26/18**
- REGISTRATION DEADLINE: March 30th (or until leagues fill)
- Manager Meeting: Wednesday, April 11, 6pm @ Maplewood
- Early-Bird Discount Pricing (Save 10% when you register by February 16) - FULL BALANCE MUST BE PAID BY THIS DATE!

NEW ROSTERING RULES FOR 2018

Rosters will be maintained online through the official league website (gardencitysoftball.com) by the Main Office. **Teams must submit a roster no later than April 1.** Players can be added/removed through game 4 (week 2). Teams will be allowed up to 2 roster changes after this, done ONLY through the main office during regular business hours.

Team Information:

(Please Print Clearly)

2018 Spring Name: _____
 2017 Name: _____
 Manager: _____
 Email: _____
 Address: _____
 City: _____ Zip: _____
 Home Phone: () _____
 Cell Phone: () _____

Team Information:

(Please Print Clearly)

Asst. Mgr: _____
 Home Phone: () _____
 Cell Phone: () _____
 Email: _____
 Team Sponsor: _____
 Contact: _____
 Phone #: _____

OFFICE USE ONLY

Session: Spring Summer Fall Day: Mon Tues Wed Thurs Fri Sun Type: Men's Coed Level: E D Super D
 Total League Fee Owed: \$ _____ Date Registered: ____/____/18 Staff: _____