



# NCC Sports and Athletics

Department of Community Services  
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[nccdesports.com](http://nccdesports.com)

[@nccdesports](https://twitter.com/nccdesports)

## 2020 ADULT SPRING VOLLEYBALL LEAGUES

**REGISTRATION:** Registration is open for adult volleyball leagues on a first-come first-served basis for the 2020 spring sports season. Note: Registration will not be processed without complete payment or note of authorization from sponsor.

**ENTRY FEE:** \$320 (Made payable to New Castle County – credit card, check, or money order only). Each team must also pay \$13 cash per match to referees at playing site throughout season and playoffs. Penalties apply for withdrawal after registration.

**DEADLINE:** First come – first served by March 11 or until program fills

**SEASON:** Begins week of March 16 and extends until the end of May. Approximate 8 match schedule (3 games per match / 1 match per week) plus playoffs. Matches are scheduled between 6:30 and 8:30 pm with some exceptions.

LEAGUE(S):	League (Max. Teams)	Day(s)	Gym
	Women's Open (12)	Wednesdays	Hockessin PAL
	Co-Rec "A/BB/B/C" (6)	Thursdays	Hockessin PAL

**MEETING:** There are no managers' meetings for these programs. Packets will be available March 12.

**FEATURES:** USA Volleyball playing rules used with minor modifications; 15 players maximum on a roster; Co-Rec teams must have two players of opposite sex on court at all times; uniform shirts required by April 15; players must sign individual waiver forms and have their own medical insurance in case of injury; Players must play at least two (2) play-dates to be eligible for playoffs.



*For fastest access to program information including game day weather related updates, follow the Sports Office on Twitter [@nccdesports](https://twitter.com/nccdesports).*

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*Please print clearly and fill in all information requested. Payment (credit card, check or money order) must be attached. Refund penalties listed in the NCC General Volleyball Rules and Regulations apply for early withdrawal from league.*

Manager		Manager Signature Acknowledging Responsibility for Payment (Required)			
Team Name		2019 Team Name			
Address		City, State, Zip Code		Email Address	
Home Phone	Work Phone	Cell Phone		Cell Phone Carrier (for text msg.)	

Choose League: (Circle One)	Co-Rec			Women	
Team Rating (Circle One)	1 "C" (Novice)	2 "B/C"	3 "B" (Intermediate)	4 "BB"	5 "A" (Competitive)

For Office Use	Date	Amount	Check Name	Check No. / Bank No.
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### For Credit Card Payment Only

*American Express, Discover, MasterCard, and Visa accepted. Registration will be processed upon receipt of credit card information.*

Check here to pay with a credit card. You will be contacted by staff for payment information.