

# Scrimmage Sanctioning Form - **CAN BE COMPLETED ONLINE**

If you would like to host a scrimmage you must complete the required Scrimmage Sanctioning Form and submit to NCVA for approval.

<b>NCVA Office Use Only</b>	
<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
Date: _____	

Scrimmages guidelines:

- A scrimmage consists of four (4) teams or less that participate in a practice-like setting.
- There must not be any use of uniforms, playoffs, results or standings of play, officials, and/or an exchange of money between a club, team, or person for attending the scrimmage.
- All must be full Members of the NCVA/USAV and ALL adults must be full members and past a background if required.
- The cost per team to the NCVA is \$25.00, payable when request is approved.
- Scrimmage will consist of four (4) teams on one (1) court per scrimmage date.
- Insurance certificate supplied with be for the approved date only.
- Scrimmages are limited to four (4) hours, per set of four (4) team per day.

If these rules are not followed, the club/team may lose their standings within the Region Leagues and may not be allowed to participate in any USAV/NCVA sanctioned tournament and/or any USAV Region tournament for the rest of the season. The penalty may be extended to the following season and may include USA Events and other USA Region events.

Club Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact Email: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

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Scrimmage Date: \_\_\_\_\_ Scrimmage Time: \_\_\_\_\_

Site Name: \_\_\_\_\_

Site Address: \_\_\_\_\_

Participating Teams: 1. \_\_\_\_\_ 3. \_\_\_\_\_  
2. \_\_\_\_\_ 4. \_\_\_\_\_

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By signing and submitting this form you understand and agree to the guidelines.

Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

**Please allow Seven (7)-Ten (10) business days for the sanctioning request to be reviewed  
or your scrimmage will not be sanctioned.**

Charge my Card below (Including a 3% service charge)     Will mail a check to the office

Please charge my:     VISA     MasterCard     American Express

Card Number: \_\_\_\_\_ Exp.: \_\_\_\_\_ Sec. Code: \_\_\_\_\_

Card Member Name: \_\_\_\_\_

Card Member's Address: \_\_\_\_\_

Card member's City, State, Zip: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_