

## Scrimmage Sanctioning Form

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

Scrimmages guidelines:

- A scrimmage consists of four 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 participants must be full members of the NCVA.
- All adults must pass a background screening.
- A fee of \$25.00, per team, participating in the scrimmage will be due when the request is approved.
- Scrimmages will consist of no more than four (4) teams per location, per scrimmage date.
- Insurance certificates supplied will be for the approved date only.
- A location for a scrimmage may only host one (1) scrimmage per day which is limited to four (4) hours or less.

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 NCVA/USAV sanctioned tournament and/or any USA Region tournaments for the rest of the season. The penalty may be extended to the following season. This will include the USAV GJNC.

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 7-10 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: \_\_\_\_\_