

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.

NCVA Office Use Only

Approved 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 \$30.00, 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: _____

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: _____