



NCC Sports and Athletics

Department of Community Services
77 Reads Way • New Castle, DE 19720
(302) 395-5890 (office) • (302) 395-5892 (fax)

nccdesports.com



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



Matthew Meyer
County Executive

2022-23 ADULT WINTER BASKETBALL LEAGUES

GENERAL INFORMATION: Registration is open for all adult basketball leagues on a first-come first served basis for the 2022-23 winter season. Teams typically play 1 night per week. Game times are between 7:15 and 10:15 pm. Games last approximately one hour.

Note: Registration will not be processed without complete payment (credit card, check, or money order only) or note of authorization from sponsor.

MEN'S 5 ON 5 LEAGUES

Cost: \$465 team fee paid to NCC, plus \$30 per game referee fee paid at court. Fee includes scorers and timers.

Approx # of Games: 10

Registration Deadline: Friday, November 25

Play Days: Tuesdays / Thursdays

Location: Hockessin PAL

Manager's Meeting: N/A – Packets distributed at gym on opening night.

Assignor: Maurice Hollis – 345-9621

Coordinator: Joe DiMichele – 995-6191

Roster Max: 20

Begins (Tentative): Thursday, December 1

Referees: NCC Basketball Officials

ADULT 3 ON 3 LEAGUES

Cost: \$215 team fee paid to NCC, plus \$11 per game referee fee paid at court (for playoff games only)

Approx # of Games: 16 (8 double headers), plus playoffs

Registration Deadline: Friday, December 30

Play Days: Mondays

Location: Hockessin PAL

Manager's Meeting: N/A – Packets distributed at gym on opening night. Call the Sports Office starting January 3 for starting times.

Roster Max: 8

Begins: Monday, January 9

Coordinator: Joe DiMichele – 995-6191



For real-time program updates and announcements, follow the Sports Office on Twitter [@nccdesports](https://twitter.com/nccdesports).

2022-23 ADULT WINTER BASKETBALL LEAGUES

Full payment should be submitted with this registration form. Checks (no cash, please) should be made payable to "NCC".

More details online at nccdesports.com (payment required at time of registration)

Manager		Manager Signature to Acknowledge Responsibility for Payment (required)		
Address		City, State, Zip Code		Email Address
Home Phone	Work/Daytime Phone	Cell Phone		Cell Carrier (for text messaging)

League: (Circle One)	5 on 5		3 on 3		
Team Name		Previous Team Name			
Team Rating: (Circle One)	1 (Novice)	2	3 (Intermediate)	4	5 (Competitive)

For Office Use	Date	Amount	Check Name	Check No. / Bank No.
----------------	------	--------	------------	----------------------

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.