



# NCC Sports and Athletics

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



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



Matthew Meyer  
County Executive

## 2022-23 ADULT WINTER VOLLEYBALL LEAGUES

**REGISTRATION:** Registration is open for all adult winter volleyball leagues for the 2022-23 winter sports season. **Note: Registration will not be processed without complete payment or note of authorization from sponsor.**

**ENTRY FEE:** \$395 (Made payable to New Castle County – **credit card, check, or money order only**). Each team must also pay \$15 cash per match to referees throughout season and playoffs. Penalties apply for withdrawal after registration.

**DEADLINE:** November 25 – if space permits

**SEASON:** Begins week of November 28 (*tentatively*) and extends until mid-March. Approximate 10 match schedule (3 games per match / 1 match per week) plus playoffs. Matches scheduled between 7pm - 10pm at the Hockessin PAL Center (7259 Lancaster Pike, Hockessin, DE 19707).

<b>LEAGUE(S):</b>	<b>League (Max. Teams)</b>	<b>Day(s)</b>
	Women's Open (16)	Wednesday
	Co-Rec "A/BB/B/C" (16)	Friday

**MEETING:** **No managers meeting.** Roster/Waiver information will be available on opening night. Call the Sports Office for schedule questions.

**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; roster/uniform deadline TBD; players must sign individual waiver forms and have their own medical insurance in case of injury; Players must play at least four (4) play-dates to be eligible for playoffs.



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

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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](http://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	Daytime Phone	Cell Phone		Cell Carrier (for text messaging)	
League (Circle One)		Co-Rec		Women	
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.