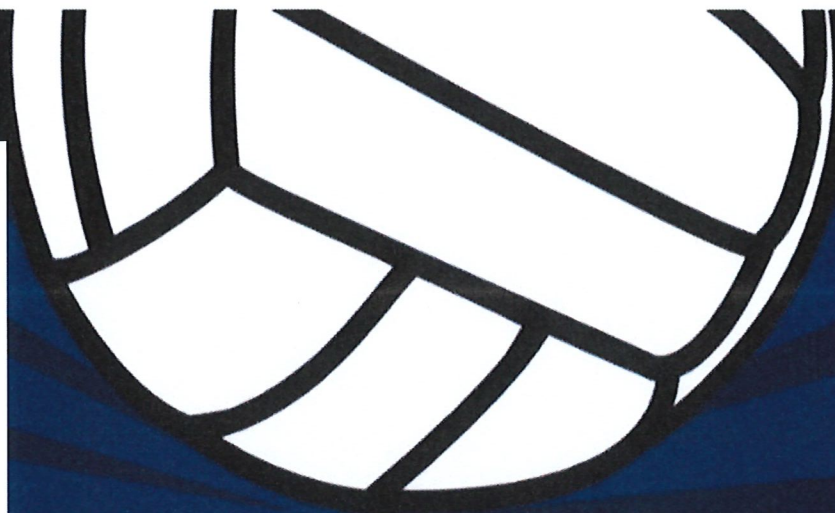




# Greer Christian Volleyball League



# INDOOR VOLLEYBALL COED LEAGUE

## START DATE :

**Thursday,  
August  
8th  
Fall  
League**

**8 GAME SCHEDULE + SINGLE  
ELIMINATION TOURNAMENT.**

**AGE: 15 +**

**LOCATION: UPSTATE-SC AREA  
CHURCHES**

**CONTACT: DEAN @  
greercbabasketball@gmail.com**

## TEAM FEE

**\$350**

**A Ministry of Upstate Christian Sports League/Greer CBA**





## 2024 Greer Christian Volleyball League Rules

- Prayer before & after each match. Time outs: 4 per match.... Revised: 6/24/24
- **New-Any player touching the net or going under the net during live play-Violation: Loss point**
- Each team must have 8 players on the team roster.
- Each team must have 5 players to play a match.
- Three(3) women must be on floor at all times.
- All players must be at least 15 years of age.
- A ball must be returned with no more than 3 hits.
- If more than 2 hits occur on a side, a women must contact the ball.
- **Substitutions can occur at anytime.**
- Each player present must play at least one complete game.
- Scoring is based on rally point system. Points are awarded on each play.
- All matches are best 2 out of 3.
- First 2 games are to 25 and third game is to 15. Must win by 2 points.
- If the ball hits the net on the serve it is “in play”, just as if it were to hit net in the middle of a rally.
- NO one may be added to a team roster after week 4 of season.
- For a player to be eligible to compete in single elimination tournament, he/she must have played in two(2) matches.
- **FORFEITS: A team forfeits a game when at start of a game they do not have a sufficient numbers of players( 5, which must include 2 women).**
- **A player can only play for one (1) team in the league.**
- All other rules are the same as those of the United States Volleyball Association.

League contact: Dean Hawkins 864-350-1452 or greercbabasketball@gmail.com

**Revised 6/24/2024**



Deadline: Sunday, July 28th

## Greer Christian Volleyball League 2024 Fall Registration Form

CHURCH:

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CHURCH PHONE #:

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COACH NAME(S):

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EMAIL:

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MOBILE #:

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# OF TEAMS:

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CHURCH INSURANCE#:

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ANY HOST GYM MARK OFF DATES:

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**LEAGUE CONTACT:**

**DEAN HAWKINS 864-350-1452**

**EMAIL: [greercbabasketball@gmail.com](mailto:greercbabasketball@gmail.com)**