

VOLLEYBALL

2025

MONDAY NIGHT SUMMER VOLLEYBALL LEAGUE

SET UP YOUR TEAM TODAY RESERVE
YOUR SPOT
ANY QUESTIONS CONTACT:

SUE BODDY - LEAGUE COORDINATOR

507-276-0883

sueboddy9@gmail.com

LEAGUE WILL BE HELD AT:
NICOLLET PUBLIC SCHOOLS
1 PINE STREET
NICOLLET, MN 56074



LIKE OUR FACEBOOK PAGE:
NICOLLET SUMMER VOLLEYBALL LEAGUE



NICOLLET VOLLEYBALL ASSOCIATION IS PLANNING A SUMMER VOLLEYBALL LEAGUE ON MONDAY NIGHTS. THIS WILL GIVE YOU AN OPPORTUNITY TO PLAY FOR SEVEN/EIGHT WEEKS DURING THE SUMMER TO PREPARE FOR THE UPCOMING SEASON. TO HELP YOU BE MORE ORGANIZED TRY TO BRING ALONG A COACH TO PLAN STRATEGY AND MAKE SUBSTITUTIONS. IF YOU KNOW YOU WILL HAVE CONFLICTS WITH ANY DATES OR TIMES, PLEASE SEND THESE ALONG WITH YOUR REGISTRATION FORM. EVERY EFFORT WILL BE MADE TO AVOID THE CONFLICTS. **PLEASE SEND ALL REGISTRATION FORMS FOR YOUR TEAM IN TOGETHER.** IF YOUR SCHOOL HAS MORE THAN ONE TEAM PLEASE DESIGNATE A NAME TO DIFFERENTIATE BETWEEN THE TWO. (FOR EXAMPLE, NICOLLET-BLUE AND NICOLLET-YELLOW)

- WHO: ANY GIRL WHO WILL BE IN GRADES 9-12 IN THE SCHOOL YEAR 2025-2026 IS ELIGIBLE TO PARTICIPATE. QUESTIONS CONCERNING 7TH & 8TH GRADERS ON TEAMS CONTACT SUE BODDY 507-276-0883.
- WHEN: MONDAY NIGHTS BEGINNING JUNE 2ND THROUGH END OF JULY THIS WILL BE 6/7 NIGHTS OF POOL PLAY (COULD BE DOUBLE HEADERS IF NECESSARY) AND 1 OR 2 NIGHTS OF PLAYOFFS. PLAYOFFS WILL BE AN UPPER BRACKET AND LOWER BRACKET SINGLE ELIMINATION TOURNAMENTS IN EACH DIVISION. THIS COULD CHANGE DEPENDING ON THE AMOUNT OF TEAMS. GAMES WILL BEGIN AT 3:00 THIS COULD ALSO CHANGE BASED ON THE NUMBER OF TEAMS.
- WHERE: NICOLLET PUBLIC SCHOOL AND NICOLLET COMMUNITY CENTER WITH POSSIBLE ADDED FACILITY
- COST: **\$38.00** PER PLAYER, SEND TEAMS INDIVIDUAL TEAM REGISTRATION FORMS WITH TEAM ROSTER THIS FEE INCLUDES SEVEN WEEKS OF VOLLEYBALL AND A T-SHIRT.
- DUE DATE: ALL ROSTERS, REGISTRATION FORMS AND ENTRY FEES MUST BE RECEIVED BY MAY 2ND IF YOU CAN NOT MEET THIS DATE CONTACT ME. **PLAYERS THAT SEND IN THEIR REGISTRATION FORM AFTER MAY 2ND WILL NOT BE GUARANTEED A T-SHIRT. CONTACT SUE BODDY IF HAVE ANY QUESTIONS.**
- FORMAT: FORMAT WILL BE BASED ON THE NUMBER OF TEAMS IN YOUR DIVISION MATCHES COULD BE 3 GAMES RALLY SCORING TO 25 POINTS WITH A CAP OF 27 OR 3 GAMES TO 21 POINTS WITH CAP OF 23 OR 2 GAMES RALLY SCORING TO 25 POINTS WITH A CAP OF 27 ALL GAMES WILL COUNT TOWARD YOUR WIN/LOSS RECORD. MAXIMUM ONE HOUR OR 45 MINUTE TIME LIMIT WHEN TIME RUNS OUT FIRST TEAM AHEAD BY 1 POINT WINS. ONE TIME OUT PER GAME - NO TIME OUT IN THE LAST 5 MINUTES OF EACH GAME.
- SCHEDULES: A SCHEDULE WILL BE SENT TO ALL PARTICIPATING TEAMS/SCHOOLS. IF A CONFLICT WITH A MATCH ARISES, PLEASE CONTACT **SUE BODDY 507-276-0883** ASAP SO I CAN ALERT YOUR OPPONENT EVERY EFFORT WILL BE MADE TO RESCHEDULE THE MATCH.
- ROSTER/PAYMENT: ALL PARTICIPANTS MUST FILL OUT THE REGISTRATION FORM AND HAVE IT SIGNED BY A PARENT OR GUARDIAN TO BE ELIGIBLE TO PLAY. CHECKS MUST BE PAYABLE TO: **SUE BODDY**. NO JUNIORS OR SENIORS (VARSITY) MAY PARTICIPATE IN DIVISION II. PARTICIPANTS MAY ONLY PLAY AND BE ON ONE ROSTER IN THIS LEAGUE. ANY QUESTIONS CONTACT **SUE BODDY**.

NICOLLET VOLLEYBALL ASSOCIATION SUMMER VOLLEYBALL LEAGUE ROSTER

TEAM NAME: _____

(CIRCLE ONE) DIVISION I or DIVISION II (NO JUNIORS OR SENIORS (VARSITY) IN DIVISION II)

PARTICIPANTS MAY ONLY PLAY ON ONE TEAM

CONTACT PERSON: (SCHEDULES – SCHEDULE CHANGES – CANCELLATIONS – ETC...)

NAME _____ ADDRESS _____

PHONE # _____ E-MAIL ADDRESS _____

PLEASE LIST CONFLICTS YOUR TEAM MAY HAVE WITH THE SCHEDULE (DATE AND/OR TIME):

| PLAYERS: NAME | T-SHIRT SIZE | PHONE NUMBER | GRADE 2025-2026 |
|------------------|--------------|-----------------|--------------------|
| 1) _____ | _____ | _____ | _____ |
| 2) _____ | _____ | _____ | _____ |
| 3) _____ | _____ | _____ | _____ |
| 4) _____ | _____ | _____ | _____ |
| 5) _____ | _____ | _____ | _____ |
| 6) _____ | _____ | _____ | _____ |
| 7) _____ | _____ | _____ | _____ |
| 8) _____ | _____ | _____ | _____ |
| 9) _____ | _____ | _____ | _____ |
| 10) _____ | _____ | _____ | _____ |
| 11) _____ | _____ | _____ | _____ |
| 12) _____ | _____ | _____ | _____ |
| 13) _____ | _____ | _____ | _____ |
| 14) _____ | _____ | _____ | _____ |
| 15) _____ | _____ | _____ | _____ |

**NICOLLET VOLLEYBALL ASSOCIATION WITH CO-SPONSOR SUMMER
VOLLEYBALL LEAGUE REGISTRATION**

PLAYER'S NAME _____

ADDRESS _____

PHONE NUMBER _____ E-MAIL ADDRESS _____

GRADE FOR SCHOOL YEAR 2025-2026 _____

(CIRCLE ONE) DIVISION I OR DIVISION II (NO JUNIORS OR SENIORS (VARSITY) IN DIVISION II)

SCHOOL NAME _____

SUMMER LEAGUE TEAM NAME _____

(CIRCLE ONE) T-SHIRT S M L XL

PLEASE LIST CONFLICTS YOU MAY HAVE WITH THE SCHEDULE (DATE AND/OR TIME):

PARENT/GUARDIAN PERMISSION:

MY CHILD HAS PERMISSION TO PARTICIPATE IN THE 2025 NICOLLET VOLLEYBALL ASSOCIATION SUMMER VOLLEYBALL LEAGUE. TO THE BEST OF MY KNOWLEDGE, THERE ARE NO PHYSICAL LIMITATIONS FOR MY DAUGHTER THAT WOULD IMPAIR HER ABILITY TO PLAY IN THE VOLLEYBALL LEAGUE. I ALSO UNDERSTAND NICOLLET PUBLIC SCHOOLS, NICOLLET VOLLEYBALL ASSOCIATION, SUE BODDY OR ANY PERSON INVOLVED WITH THE SUMMER LEAGUE IS NOT RESPONSIBLE FOR ANY INJURIES OR ACCIDENTS THAT MAY OCCUR DURING LEAGUE PLAY.

PARENT/GUARDIAN SIGNATURE: _____

COST IS \$38.00 PER PLAYER. MAKE CHECKS PAYABLE TO: **SUE BODDY**

**RETURN THIS FORM ALONG WITH YOUR PAYMENT TO
YOUR TEAM CONTACT PERSON / COACH.
YOUR TEAM CONTACT / COACH WILL
MAIL ROSTER, THIS FORM AND PAYMENTS TO:**

SUE BODDY
1101 SOUTHRIDGE ROAD
NEW ULM, MN 56073

ANY QUESTIONS FEEL FREE TO CONTACT SUE BODDY 507-276-0883