



**Team Format:**

- 1) 3 or 4 players per team
- 2) All team members must be in the same age bracket.
- 3) Each team must have a player captain who will be responsible for; ensuring that all players play in each game, their teams are on time for the games, and for transportation to the tournament.
- 4) **There will be no changes in the team roster after check in Saturday morning.**

**Tournament Format:**

- 1) Double elimination.
- 2) There will be a total of 7 divisions: **Boys and Girls grades 5-6, 7-8, 9-12, and only one Open Division (Post High School).**

**Game Format:**

- 1) A game will be played to 15 points or for 15 minutes, whichever comes first (3-point line counts as 2, all other baskets 1 point) When a basket is made, the other team will get the ball at the top of the key. The ball must be passed in bounds to start play.
- 2) A coin toss will determine which team gets the ball first in an overtime game. In case of a tie at the end of 15 minutes, sudden death play begins. No time outs will be allowed except for injury. First team to score wins the game.
- 3) On any change of possession, the ball must be taken back out as far as the top of the extended key before a basket can be made.

- 4) **Free throws will be awarded on shooting fouls and intentional fouls only.** A made free throw will count the same as a 'made' basket (all baskets count as 1 point). **Fouls outside the 3-point arc will result in 2 free throws.** On all other fouls, play will re-start from the top of the key.
- 5) **Stalling tactics will not be allowed.** On the first offense, a team will be warned. On any additional offense, the ball will be awarded to the defensive team.
- 6) **A coin toss** will decide which team will get the ball to start the game.
- 7) **Teams must be ready to play at their designated times.** A team that is late for a game may forfeit that game.
- 8) All teams must play **man-to-man defense.**
- 9) If a team consists of 4 players, all 4 players must participate. **In case of injury to a player on a 4-player team, the team will be allowed to continue with only 3 players, but no other substitute will be allowed.**
- 10) Player **substitutions** can be made on a **change of possession or free throws.**
- 11) If an errant ball comes onto the court, **play will immediately stop.** Team with possession will take ball to the top of the key and resume play.

**Return this form along with your \$55.00 per team by July 26th (5 pm) to:**

**BERUBE PHYSICAL THERAPY  
39 Sixth Street West, Unit C  
Columbia Falls, MT 59912**

**WHITEFISH CREDIT UNION  
320 Nucleus Ave  
Columbia Falls, MT 59912**

**GLACIER BANK  
822 Nucleus Avenue  
Columbia Falls, MT 59912**

**CHAMBER OF COMMERCE  
233 13<sup>th</sup> Street East  
Columbia Falls, MT 59912**

**Or email:**  
[director@columbiefallschamber.org](mailto:director@columbiefallschamber.org). Phone number 406-892-2072

**For questions about the tournament contact Berube Physical Therapy: [dulcie@berubept.com](mailto:dulcie@berubept.com)**

**ENTRY FORM**

**(REGISTRATION DUE JULY 26TH)  
(circle division entered)**

(grade level this Fall)

<b>Grades 5-6</b>	Girls	Boys
<b>Grades 7-8</b>	Girls	Boys
<b>Grades 9-12</b>	Girls	Boys

**Open (Post High School)**

**Team Name** \_\_\_\_\_

**Team Supervisor/Captain**

\_\_\_\_\_ **Phone** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Team Members**  
**Indicate shirt size**

Adult S, M, L, X-L

1. \_\_\_\_\_ T-shirt \_\_\_\_\_ size
2. \_\_\_\_\_ T-shirt \_\_\_\_\_
3. \_\_\_\_\_ T-shirt \_\_\_\_\_
4. \_\_\_\_\_ T-shirt \_\_\_\_\_

**Make checks payable to:**  
**Columbia Falls Chamber**  
**\$55.00 per team**

**WAIVER OF LIABILITY/MEDICAL INSURANCE**

In consideration for the right to participate in the Columbia Falls Area Chamber of Commerce 3 on 3 Basketball Tournament, I do hereby waive any, and all liability on the part of the City of Columbia Falls and/or Columbia Falls Chamber of Commerce personnel, supervisor, and volunteers with the 3 on 3 Basketball Tournament for any damage or injuries incurred due to my and/or my child's participation in all activities and waive all liability as stated. I further understand that there are certain risks and accidents that may occur in this sport. Also, certain sports require proper

training and proper physical conditioning. Knowing the risks and conditions required for this sport, nevertheless, I hereby agree to assume those risks and release and hold harmless all those persons or entities mentioned above.

I hereby authorize Columbia Falls Area Chamber of Commerce 3 on 3 Basketball Tournament organizers to act according to their best judgment in any emergency requiring medical attention.

**(Players must sign if 18 or older; parent or guardian must sign for minors.)**

\_\_\_\_\_  
Signature of player or parent/guardian - PHONE

\_\_\_\_\_  
Signature of player or parent/guardian - PHONE

\_\_\_\_\_  
Signature of player or parent/guardian - PHONE

\_\_\_\_\_  
Signature of player or parent/guardian - PHONE



*July 29, 2017*

**Check in at 7:30am**  
*Starting at 8:00am*

**1<sup>st</sup> Avenue West in  
Downtown Columbia Falls**

All categories will receive a Prize for  
**1<sup>st</sup>, 2<sup>nd</sup> and 3<sup>rd</sup> Place**

**T- Shirts will be available for All  
School Aged Players**

**T-shirts for Open Division players  
are available for purchase**