

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 key extended 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 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 result in forfeit of 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 \$50.00 per team by July 25th (5 pm) to:

**PHYSICAL THERAPY ASSOCIATES
1850 9TH St. W
Columbia Falls, MT 59901**

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

**Dulcie Berube (406) 756-7878 Ext. 222
dulci@ptflathead.com**

ENTRY FORM

(REGISTRATION DUE JULY 25TH)
(circle division entered)

(grade level this Fall)

Grades 5-6 Girls Boys

Grades 7-8 Girls Boys

Grades 9-12 Girls Boys

Open (Post High School)

Team Name _____

Team Supervisor/Captain

_____ Phone _____

Team Members

Indicate shirt size
Adult S, M, L, X-L

1. _____ size T-shirt _____

2. _____ size T-shirt _____

3. _____ size T-shirt _____

4. _____ size T-shirt _____

**Make checks payable to:
Columbia Falls Chamber
\$50.00 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 old 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

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Signature of player or parent/guardian - PHONE

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Meadow Lake Resort
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Neal Buffington, DDS
Nomad Global Communications
North Valley Hospital
Parkside Credit Union – Columbia Falls
State Farm – Lyle Mitchell
Weyerhaeuser
Western Building Center
Whitefish Credit Union**



July 28, 2018

Check in at 7:30am

Starting at 8:00am

Downtown Columbia Falls

All categories will receive a Prize for
1st, 2nd and 3rd Place

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

More Information Contact:
**Dulcie Berube (406) 756-7878 Ext. 222
/Chamber of Commerce 406-892-2072**

