



## 3v3 Half Court Unified Basketball Tournament

Saturday, April 6, 2019

1:00 – 5:00 pm (12:30 team check-in)

Albee Gym  
UW-Oshkosh Campus  
Oshkosh, WI

### Registration Deadline: March 20, 2019

- This tournament is open to 16 teams (max. of two from any one agency)
- There will be 4 divisions of 4 teams in a round robin format. Divisions will be based on rosters and information provided on level of team.
- Each team must have 1 non-playing coach.
- One division will be of school age team.
- **All Unified Partners must fill out the Class B Form.**
- **High School teams must submit a high school physical form prior to March 1, 2019.**
- Competition will follow Special Olympics 3v3 BB Rules with additional modifications:
  - 2 athletes and 1 partner must be on the court at all times. **Any changes from this are an automatic team disqualification.**
  - Recreational format – matching shirts only (numbers not required)
  - 2 – 10 minute halves with a 2 minute half time
  - 20 minutes or 20 points – whichever occurs first
  - Running clock until final minute of play each half
  - Overtime of 3 minutes
  - 2 timeouts per team – 1 per half.
  - Substitutions are made during any dead ball
  - Maximum team of 6 (suggested 4 athletes 2 partners)
- Registration Fees will be waived again this year thanks to the Unified Champion Schools grant.
- Participants will be given the option of lunch OR dinner. Please designate the choice for your entire team on your registration form. Meals will be available at Blackhawk Commons from 11:30am-2:00pm (lunch) and 4:30pm-6:30pm (dinner).
- SOWI may be able provide an overnight option for 3v3 participants, but priority of overnight bed spaces will be given to the traditional basketball teams first. Participants are encouraged to attend the opening ceremony and dance, which will take place at Kolf, Saturday night starting at 7:30pm.

# 3v3 Half Court Unified Basketball Tournament Registration Form

Team Name: \_\_\_\_\_

Team ability level: \_\_\_\_\_

Players Names: (please circle Athlete or Partner).

All Unified Partners must also fill out the Class B Form.

Athlete/Partner: \_\_\_\_\_

Athlete/Partner: \_\_\_\_\_

Athlete/Partner: \_\_\_\_\_

Athlete/Partner: \_\_\_\_\_

Athlete/Partner: \_\_\_\_\_

Athlete/Partner: \_\_\_\_\_

Contact Information:

Coach Name: \_\_\_\_\_

Agency/School Name & Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Yes, we would like: lunch \_\_\_\_\_ dinner \_\_\_\_\_ No, we will find our own meals for the day \_\_\_\_\_  
(Please pick one)

\*\*\*Please list any dietary restrictions: \_\_\_\_\_

Return form to:

Brittany Hoegh by email at  
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or fax at 608-222-3578.