

UNIFIED 3 V 3 HALF COURT

BAS KET BALL

TOURNAMENT

APRIL 7TH

1:00PM - 5:00PM

ALBEE HALL

UW - OSHKOSH

Special Olympics
Wisconsin



Special Olympics
Unified Sports®



YOUR SEASON ISN'T OVER YET! REGISTER TO COMPETE IN
THE 3V3 UNIFIED BASKETBALL TOURNAMENT AT THE INDOOR
SPORTS TOURNAMENT. OPEN TO UNIFIED PLAYERS AND SOWI ATHLETES
FOR MORE INFORMATION: [HTTP://BIT.LY/2DPSOTR](http://bit.ly/2DPSOTR)





3v3 Half Court Unified Basketball Tournament

Saturday, April 7, 2018

1:00 – 5:00 pm (12:30 team check-in)

Albee Gym
UW-Oshkosh Campus
Oshkosh, WI

Registration Deadline: March 21, 2018

- 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 2, 2018.**
- 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 for this year thanks to the Unified Champion Schools grant.
- Lunch will be available at Blackhawk Commons from 11:30am-2:00pm.
- SOWI will not provide an overnight option for 3v3 participants, but participants are welcome 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 ____ No, we will find our own meals for the day ____

***Please list any dietary restrictions: _____

Return form to:

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