

# **3 V 3 BASKETBALL TOURNEY**

## **\$60 PER TEAM**

**Double elimination – 4 per team**

**MARCH 19**

**7-11 p.m.**

**MARCH 20**

**9-Noon**

**12-16 (MUST ALL BE IN AGE GROUP)**

**16-30 (MAY HAVE ONE MEMBER NOT IN AGE GROUP)**

**30+ (MAY HAVE ONE MEMBER NOT IN AGE GROUP)**

**LOCATION: 4271 E. St. Rd. 144 Mooresville**

**INFORMATION/REGISTRATION FORMS AVAILABLE AT MCA OFFICE**

**(317) 831-0799 or go to our website:**

**[WWW.MOORESVILLECHRISTIAN.ORG](http://WWW.MOORESVILLECHRISTIAN.ORG)**



## Annual 3 V 3 Basketball Tournament

- When:** Friday, March 19 (7:00-11:00 PM) and Saturday, March 20 (9:00 AM until completion).
- Where:** Mooresville Christian Academy, 4271 E. State Road 144, Mooresville, IN 46158 (located about one mile east of State Road 67). For directions, visit [www.mooresvillechristian.org](http://www.mooresvillechristian.org) or call 317-831-0799.
- Format** A 64 team, double elimination competition for three-on-three. Team may have four members using one person as a substitute. Three groups divided by age ranges: 12-16(must be in this age group) All games in this age range end Friday night, 16-30(must have 3 in this age group), and 30+(must have at least three in this age group). Please register as soon as possible, since registration is on a first come, first serve basis. Trophies will be awarded to the top three teams.
- Cost:** Registration is \$60 per team. Please send your registration forms and money together, either mail to: **Mooresville Christian Academy, P.O. Box 637, Mooresville, IN 46158 or drop off at the school during normal business hours (8:00-4:30)**. Free door prizes will be awarded. Concessions will be available throughout the tournament. Family and friends are invited. All proceeds will be applied towards the Mooresville Christian Academy athletic department.

**Please cut off the registration form and return to MCA with the registration fee.**

Fill out the team names and contact information completely and legibly, and return to the above address with the registration fee.

Captain Name: \_\_\_\_\_ Telephone: \_\_\_\_\_ Age: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
E-mail address \_\_\_\_\_

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_ Age: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
E-mail address \_\_\_\_\_

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_ Age: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
E-mail address \_\_\_\_\_

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_ Age: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
E-mail address \_\_\_\_\_