

Dates: January 11-13, 2019 (Friday - Saturday – Sunday)

Multi Divisions Competitive/Spirit/PAL/YMCA/CYO/School/Rec Divisions

Boys Teams 3rd, 4th, 5th, 6th, 7th& 8th Girls Teams 3rd, 4th, 5th, 6th, 7th& 8th

Entry Fees: Registration Fee for all teams is \$150 (If you played in Crossover – The Real Deal Holiday Jam Fest or Kings & Queens) you only pay \$130.00 We ask that each team pay with one check payable to **Dave Felici**. Sorry, no refunds after registration is submitted. A \$85 fee will be retained if the event is cancelled due to weather.

Brackets: These will consist of 8 team Brackets (single elimination), 6 team split or 4 team round robin. All teams guaranteed 3 games, as consolation games are played to determine 3rd, 5th and 7th places. Although very rare that we need to, we reserve the right to combine two grades if necessary to complete bracket.

Players: Players must compete in their grade classification. Exception: Younger players may participate in older divisions. Players can only compete on only one team in a division. If incorrect information is given, the player and team may be ineligible.

Facility: All Bellevue Lied Center and Bellevue & Omaha Public Schools

Concession Stand: A Full concession stand will be open throughout the tournament!

Registration Deadline: Jan 2, 2019 Make checks payable to:

Dave Felici 13501 South 22nd Street Bellevue Nebraska 68123 402-871-3715

ter a 15-point

Rules: 20 min. running halves. All teams must have numbered jerseys. A team may not press after a 15-point lead. Clock stops on dead balls last minute of each half.

Awards: 1st Place winners will receive Medals **Officials:** Top-notch area officials

Schedule Notification: You will be notified of your team schedule the Tuesday before tournament!

Results: will be posted every ½ hour on http://www.bellevueyouthbasketball.com/

2019 "New Year's Frenzy! Team Entry Form

Team Name					Grade:			Gender: Girls or Boys		
Please circle:										
Skill Level (weak) 1	2	3	4	5	6	7	8	9	10	(Strong)
Check one division:	9-10_	_Plati	num 7-8	3Gold	d 5-6	Silver 3-4	IBro	nze 1-2_	Recr	eation
Coaches Name:			En	nail Ad	dress: _					
Cell Phone #Mailing Address:										
City:		_State	:				Zi	p:		
Assistant Coach:				Em	ail:					
Players:										
Name:			#							
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Name:			#							
Name:			#							

Return Entry Form & Check payable for \$150.00 to:

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