

GOLDEN MEMORIES, NEW BEGINNINGS

# BREMENFEST

2025 • 50<sup>TH</sup> ANNIVERSARY

## 2025 BATTLE OF THE CANAL 3 ON 3 BASKETBALL TOURNAMENT

**BEGINS AT 11:00 A.M. - SATURDAY, AUGUST 16, 2025**

**GAME DAY CHECK IN:** 10:30-11:00 A.M.

**LOCATION:** Parking Lot behind the Library

**PRE-REGISTRATION:** \$15.00 includes shirt (*Price is per player*).  
*Shirts will only be printed if the team preregistered early.*

**GAME DAY REGISTRATION:** \$25.00 includes shirt, while supplies last (*Price is per player*).

**AGE GROUPS:** (*Grades are based upon 2025-26 school year*)

- Boys 3rd and 4th Grade
- Girls 3rd and 4th Grade
- Boys 5th and 6th Grade
- Girls 5th and 6th Grade

**TEAMS:** Up to 4 players per team

**AWARDS:** All participants who pre-register with shirt sizes by July 31st will be guaranteed, all others will receive a shirt as supplies last. Medals for 1st, 2nd, and 3rd place will be handed out at Bremenfest pavilion.

### **RULES OF PLAY:**

- 1) Coin flip determines opening possession.
- 2) Possessions change on score (NO MAKE IT TAKE IT)
- 3) Jump balls called by monitors; defense gets ball
- 4) Backboards are in play, supports and ball over the top of the backboard are out of bounds.
- 5) Ball must be checked by an opposing player before being put into play.
- 6) All fouls and violations will be played with a check at the top.
- 7) All out of bounds balls will be checked up top.
- 8) Ball must be taken back to top of court line on all change of possessions.
- 9) Take back means one foot behind the line.
- 10) Play first team to 7 (all buckets are 1 point) or 15 minutes whichever comes first.  
If tied after 15 minutes, next basket wins

**SUBMIT THE COMPLETE FORM + PAYMENT IN EITHER METHOD LISTED BELOW:**

**MAILED COMPLETED FORM & CHECK TO:**

Bremenfest  
P.O. Box 174 | New Bremen, Ohio 45869

**EMAIL COMPLETED FORM TO:**

Bremenfest@gmail.com  
***Payment will need to be submitted during the check-in time window.***

**FOR ADDITIONAL INFORMATION CONTACT:**

Cory Stephens at 567.204.4893 | Joel Niekamp at 419.733.1779 | Clay Heitkamp 419.305.7218

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Division: \_\_\_\_\_

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

Amount Enclosed: \_\_\_\_\_

### BY SIGNING MY NAME I AGREE TO THIS WAIVER AGREEMENT

- 1) I fully agree that I am physically fit and able to participate in the Battle of the Canal Tournament.
- 2) I fully understand that there is a risk of physical injury and I am willing to accept that possibility.
- 3) I fully understand that any organizations involved in the planning, facilities and coordination of the tournament as well as any of its sponsors and any associated individuals, are not responsible for any loss, injury, or death related to participation or attendance at the 2025 Battle of the Canal Tournament.
- 4) I fully agree that it is my responsibility to understand and obey all rules and laws to ensure my safety.

**PLAYER 1 (CAPTAIN):** Name: \_\_\_\_\_ Grade Entering: \_\_\_\_\_

Phone: \_\_\_\_\_ Shirt Size:    YS    YM    YL    AS    AM    AL    AXL

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_    Boy    Girl

**PLAYER 2:** Name: \_\_\_\_\_ Grade Entering: \_\_\_\_\_

Phone: \_\_\_\_\_ Shirt Size:    YS    YM    YL    AS    AM    AL    AXL

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_    Boy    Girl

**PLAYER 3 :** Name: \_\_\_\_\_ Grade Entering: \_\_\_\_\_

Phone: \_\_\_\_\_ Shirt Size:    YS    YM    YL    AS    AM    AL    AXL

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_    Boy    Girl

**PLAYER 4 (OPTIONAL) :** Name: \_\_\_\_\_ Grade Entering: \_\_\_\_\_

Phone: \_\_\_\_\_ Shirt Size:    YS    YM    YL    AS    AM    AL    AXL

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_    Boy    Girl