2015 GREATER ORLANDO OPEN

CRIBBAGE TOURNAMENT

DECEMBER 4TH – DECEMBER 6TH, 2015

THE QUALITY INN ♠ 151 NORTH DOUGLAS AVENUE ♠ ALTAMONTE SPRINGS, FL 32714

(LOCATED OFF OF I-4, EXIT 92)

HOTEL TELEPHONE NUMBER (407) 869-9000

RESERVATIONS 877-424-6423

ACC Sanctioned ♠ Walk-Ins Welcome (Please notify ahead of time and please pay in cash)

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HOTEL INFORMATION – Room rate is $69.00 per night. The hotel offers great rooms, **free full breakfast Saturday and Sunday morning**. Free Internet access in the business center located in the lobby.

MENTION GREATER ORLANDO CRIBBAGE GROUP

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Friday, December 4th	**6:45 PM**	Registration	
	7:30 PM	9 Games - $20	Semi-Graduated Q-Pool - $10
Saturday, December 5th	**8:30 AM**	**MAIN TOURNAMENT**	
		20 Games - $60	Graduated Q-Pool - $20

MAIN TOURNAMENT REGISTRATION: 7:30 – 8:15 AM – Must be seated by 8:15am. Start playing at 8:30 AM Sharp! Lunch is not included in fee. There are several great restaurants in immediate walking distance.

Saturday Night	**7:00 PM**	Registration	
	7:30 PM	9 Games - $20	Semi-Graduated Q-Pool - $10
Saturday Afternoon	**4:30 PM?**	Possible playoff start time	
Sunday, December 6th	**7:30 AM**	**MAIN TOURNAMENT PLAYOFFS**	
		3 of 5	Final 8 - 4 of 7
Sunday, December 6th	**8:30 AM**	Registration for Consolation	
	9:00 AM	Start the Consolation	
		9 Games - $25	Graduated Q-Pool - $15
		Consolation Playoffs: TBA - 12:30pm?	Playoffs: 2 of 3

All tournaments will payout 1 of 4 and all Q-Pools will payout 1 of 6. **Muggins will be in effect all weekend**.

$1.00 per player will be removed from Friday and Saturday night tournaments for expenses. **Please help us by registering EARLY.** A $2 ACC Sanction Fee will be removed from the Main Tournament Fee.

TOURNAMENT DIRECTOR: DAVE FOURNIER – (407) 695-1902
TOURNAMENT CO-DIRECTOR: NICOLE FOURNIER – (407) 468-5491

ENTRY FORM – 2015 Greater Orlando Open

Make checks payable to: Dave Fournier

808 Osceola Trail, Casselberry, Florida 32707

Please complete the following:

Main Tournament: $60 x _____ = ______
Q-Pool: $20 x _____ = ______
Friday Night: $20 x _____ = ______
Friday Night Q: $10 x _____ = ______
Saturday Night: $20 x _____ = ______
Saturday Night Q: $10 x _____ = ______
Total Amount Submitted: $____________

Name: ________________________ ACC# __________
Address: ________________________________
City: ______________ State: __________ Zip: __________
Telephone Number: ____________________________

Name: ________________________ ACC# __________
Address: ________________________________
City: ______________ State: __________ Zip: __________
Telephone Number: ____________________________

Is Stationary seating required and needed: YES **Willing to Judge:** YES