



21ST TIMBER CAPITAL CRIBBAGE CLASSIC

April 1 - 3, 2016

Limited to the first 84 players

The Holiday Inn Express

375 W Harvard Ave, Roseburg OR 97470



Schedule of Events - Tournament Open to players 21 & over

Friday – 1st

3:00 PM	Early Birds	\$20 (SP \$10)	7 Games – No Playoffs
7:00 PM	Doubles	\$50 per team	9 Games – No Playoffs

Saturday – 2nd

9:00 AM	Main	\$67 (SP \$10)	22 Games /22 Opponents
7:00 PM	Sat. Night HR	\$20 (SP 10, 20, 50)	9 Games – No Playoffs

Sunday – 3rd

8:00 AM	Main tournament Playoffs (3/5)		
9:30 AM	Consolation	\$30 (SP \$10)	9 Games /9 Opponents
1:00 PM	Consolation play offs (Time approximate 2/3)		

Notes:

1. Entry fees will be gladly refunded if you are unable to attend.
2. All entry fees pay back ¼, Side-Pools are graduated and pay back 1/6.
3. This is a non-smoking tournament. Smoking areas are available.
4. Main, and Consolation tournaments will qualify 25% for the finals.
5. Trophies: 2 – Doubles; 3 Main; and 3 – Consolation.

Registration Form:

_____ \$20 Early Birds
 _____ \$10 Side-Pool Optional
 _____ \$20 All events (scores from Fri Night, Main qualifying, and Sat. Night special - payback 1/6)
 _____ \$50 Doubles (Per Team) Partner's ACC No.: _____ Name: _____
 _____ \$67 **Main: Entry Fee – Current ACC members ***
 Players new to the ACC or with expired memberships may join/renew at time of entry.
 _____ \$10 Main: Side-Pool (payback 1/6) Optional
 _____ **ACC Membership New/Renewal** (\$20 single/\$25 joint)
 _____ \$20 Saturday High Rollers
 _____ \$10 Side-Pool Optional
 _____ \$20 Side-Pool Optional
 _____ \$50 Side-Pool Optional
 _____ Total Remittance

Make Check payable to and mail entries to:

Larry Hassett
729 W Union St
Roseburg, OR 97471

For additional information contact: Michael McCammon (541) 671-2792

MMcCammon8587@att.net

or Larry Hassett (541) 672-1474 ACC@cmspan.net

Pivot Position: _____ (Required/necessary, Preferred, or No)

ACC No _____ Name: _____ Phone No.: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Joint Member/Partner Information (Use if both are registering and/or applying for a joint new or renewal ACC membership).

ACC No _____ Name: _____ Phone No.: _____

Address: _____ City: _____ State: _____ Zip Code: _____