

Bobby Stuart Atlanta Classic Cribbage Tournament

April 15-17, 2016

NO MUGGINS

ACC Sanctioned

To Be Held At: La Quinta Inn & Suites
6260 Peachtree Dunwoody Rd NE
Atlanta, GA 30328
Rate: \$64 Dbl. or King
\$79 King suite
770 350 6177
(Ask for the Cribbage Group rate, must be booked before (3/26//2015))

Schedule of Events:

Friday, April 15 Friday Night Warm-up
Registration: 6:45 PM **Play begins at 7:30 PM**
\$30; 9 games: 1 in 6 graduated Side Pools available

Saturday, April 16 Main Event: 20 games against 20 opponents
25% qualify Registration: 7:30 AM – 8:15 AM
for playoffs Orientation: 8:15 AM – 8:30 AM **Play begins at 8:30 SHARP!**
Q-Pool shared equally among qualifiers
Entry fee: \$60. (\$20 optional Q equal shares available)
1 in 6 graduated Side Pool available.
First round of playoffs (if necessary) begin 1 hour after conclusion of Main Tournament)
Playoffs will be best 3 of 5.

Saturday, April 16 Saturday Night Special
Registration: 6:45 PM **Play begins at 7:30 PM**
\$30 9 games: 1 in 6 graduated Side pools available

Sunday, April 17 8:00 AM Main Tournament - Playoffs continued.
25% qualify 8:30 AM Registration for Consolation Tournament [\$30; no Q)
for playoffs 1 in 6 Graduated side pools available.
9:30 AM Consolation Tournament [9 games against 9 opponents]
1:00 PM Consolation - Playoffs best 2 of 3
Q-Pool shared equally among qualifiers

Please Note: \$1.00 per player removed for expenses from all events.

Tournament Directors:

Barri Gehrand
111 Wynnes Ridge Circle
Marietta, GA 30067
philabar@att.net

Asst. Dave O'Neil
1069 Texel Lane
Clarkston, GA 30021
droneil@comcast.net

Please use form on reverse side to register for the tournament.
(Duplicate entry form if you wish to keep this page for reference)

ENTRY FORM

2016 ATLANTA CLASSIC

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

TEL: (____) _____ ACC# _____

I understand that the laws of Georgia prohibit gambling and I agree to abide by the rules and regulations of the American Cribbage Congress.

SIGNATURE _____ Grass Roots Club # _____

ENTRY FEES:

Main Tournament	\$60 _____	Q-Pool \$20 _____
Friday Night	\$30 _____	
Saturday Night	\$30 _____	

Total Remittance: \$ _____

_____ I NEED a stationary seat No _____ Yes _____

_____ I will work as a judge No _____ Yes _____ (please bring your rule book)

_____ I will be staying at the La Quinta No _____ Yes _____

MAKE CHECKS PAYABLE TO: Barri Gehrand

Walk-ins accepted ONLY IF SPACE IS AVAILABLE and must pay CASH (\$70).

MAIL ENTRY & REMITTANCE TO:

Barri Gehrand
111 Wynnes Ridge Circle
Marietta, GA 30067
(770) 402-1975

Remember to get your hotel
reservations early! Call
La Quinta Inns & Suites
770 350 6177 Ask for Cribbage rate

_____ I do not need a confirmation of my registration

_____ I would like a confirmation of my registration

_____ regular mail

_____ e-mail

my e-mail address is: _____