

# BRAT STOP OPEN, KENOSHA, WISCONSIN

## August 24 - 26, 2018

The American Cribbage Congress sanctions this tournament.

Location	Directions	Contact for information
Brat Stop / Parkway Chateau 12304 75 <sup>th</sup> Avenue & Hwy 50 Kenosha, WI 53142 262-857-9006	Located at the intersection of I-94 and WI Highway 50. Go west on Highway 50 1/8 mile, turn right at McDonald's, turn left at end into Brat Stop parking lot. Go around building to entrance "B".	Tournament director: Don Urban, 818 Whitetail Drive, Marengo, IL 60152. 815-568-0494 or 201-660-0522 (cell). donaldurban@sbcglobal.net

Hotels:

**Value Inn, 7221 122<sup>nd</sup> St, 262-857-2622 (around the corner from Brat Stop, across the street from Best Western) under \$60.00 D/S Must mention "Cribbage Tournament" for this reduced rate.**

### Tournament Formats

Friday 7:00pm      9 games, \$25.00, payout is 1 in 5

Saturday 8:00am    Main event, registration & seat selection, play starts 8:30 AM sharp. \$65.00, 22 games vs. 22 opponents, alternate deal (if possible), \$20.00 Q optional. Lunch is on your own with a 20% discount ticket from Brat Stop. First round of playoffs 5:00 PM.

Saturday 7:00pm    9 games, \$25.00, payout is 1 in 5.

Sunday, 7:30am      Main playoffs continue.  
 8:00am Consolation registration, play starts at 9:00 AM.  
 9 games, \$35.00. Optional Q-Pool, \$15.00.

Sunday 12:30pm    Consolation playoffs begin.

All events            \$20.00, Friday night, Main, Saturday night, payout is 1 in 5.

**Note: All qualifiers will receive Q-pool prize money.**

### Registration Form – detach at above line.

Make check payable to Don Urban and mail by August 15 to Don at 818 Whitetail Dr, Marengo, IL 60152

Friday 7:00 PM	@\$25.00	Enter amount	_____
Saturday Main Event 8:30 AM	@\$65.00	Enter amount	_____
Optional Main Event Q-pool	@\$20.00	Enter amount	_____
Saturday 7:00 PM	@\$25.00	Enter amount	_____
All Events – Fri night, Main, Sat night	@\$20.00	Enter amount	_____
		Enter total	_____

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Address \_\_\_\_\_ ACC # \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

Handicap Seating requested – please indicate with "X" \_\_\_\_\_ Wheelchair / scooter \_\_\_\_\_ yes \_\_\_\_\_ no