



CHINOOK WINDS OPEN

Fri Nov 30, Sat Dec 1, & Sun Dec 2, 2018

Chinook Winds Casino Resort, Lincoln City, OR



Director: Jack Shumate
 541-574-7668 • jackshumate@mail.com
 Co-Directors: Pete Larsen, Rick Baird

Shuttle available between casino & area motels
Free camper space, no hook-ups (register at casino)
Lodging info: Chinook Winds Casino Resort, 877-423-2241 / Lincoln City Visitor Center, 800-452-2151

Main tournament Sat Dec 1 • Registration begins 8 a.m. • Play begins 9 a.m.
 \$60 entry • 22 games • Playoffs best 3 of 5 • Two graduated side pools (\$20 and \$10, 1 in 6)
 One round of playoffs will be played as soon as qualifiers are determined • Playoffs will resume at 8 a.m. Sun.

Consolation tournament Sun Dec 2 • Registration begins 8 a.m. • Play begins 9 a.m.
 \$30 entry • 9 games • Playoffs best 2 of 3 • One graduated side pool (\$10, 1 in 6)

Satellite events (all side pools graduated 1 in 6):

- Friday Early Bird • 7 games • 3 p.m. • \$10 entry, \$10 & \$20 side pools
- Friday Night Singles • 9 games • 7 p.m. • \$20 entry, \$10, \$20, & \$50 side pools
- Friday Night Canadian Doubles • 9 games • 7 p.m., \$50 per team
- Saturday Night Special • 9 games • 7 p.m. • \$20 entry, \$20 side pool

ACC membership required to play in main or consolation. To join, visit www.cribbage.org or call 1-888-PEGGING (734-4464)

Complimentary coffee thruout • Complimentary donuts & fruit Sat & Sun • Walk-ins welcome



Name _____ ACC # _____

Mailing Address _____

Phone no(s) _____

Email address _____

Friday Early Bird: entry fee \$10 \$ _____
 \$10 side pool (optional) \$ _____
 \$20 side pool (optional) \$ _____

Friday Night Singles: entry fee \$10 \$ _____
 \$10 side pool (optional) \$ _____
 \$20 side pool (optional) \$ _____
 \$50 side pool (optional) \$ _____

Friday Night Canadian Doubles: entry fee \$25 per player \$ _____
 Partner's name: _____

Main Tournament: entry fee \$60 \$ _____
 \$20 side pool (optional) \$ _____
 \$10 side pool (optional) \$ _____

Saturday Night Special: entry fee \$20 \$ _____
 \$20 side pool (optional) \$ _____

Voluntary contribution to ACC youth cribbage program: \$ _____

Total enclosed: \$ _____

Make check payable to
 Jack Shumate
and mail to
 Jack Shumate
 237 NE 121st St
 Newport OR 97365-9527

I agree to abide by the rules of the American Cribbage Congress: _____

Signature