

# 2019 ADVENT ADVENTURE (NEW !!!)

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**ACC Website:  
www.cribbage.org**

**The NEW - NEW - NEW "ADVENT ADVENTURE"** will be held December 13-14 & 15, 2019 at a new venue, Holiday Inn, in a familiar locale - Portsmouth Circle, NH - the Holiday Inn (next door to the Best Western), 300 Woodbury Ave, Portsmouth, 03801 Phone: (603) 431-8000. We have blocked 20 rooms @ \$89.00+tax - mention Cribbage when you call before Nov. 15.

## MAIN EVENT SATURDAY - SUNDAY (Pre-pay - if by check - cutoff December 10)

**Registration Fee:** \$73.00 (includes ACC Sanct. Fee, Coffee & Tea, and Sat. lunch buffet)  
**Optional Q Pool:** \$20.00 non-graduated - 100% payback  
**Registration:** 7:15am - 8:15am (Walk-ins welcome - Cash only)  
**Orientation:** 8:15am **Tournament Start:** 8:30am  
**Play:** 22 games against 22 different opponents  
**Playoffs:** Top 25% qualify. The first round will be played Saturday if there are more than 16 qualifiers. Match Play - 3 of 5. Play begins at 7:45 AM on Sunday for the balance of rounds.  
**Payoffs:** Main Tournament player benefit will be 95% or better. Calculations to be posted. Consolation payout will depend on participation but will exceed the required minimum of 85%.  
Q Pool payout to high qualifier will be a double share - all other qualifiers equal shares. When you qualify, you share in the Q pool.

## CONSOLATION EVENT (SUNDAY)

**Registration Fee:** \$30.00 (includes ACC Sanctioning Fee) - No Q Pool.  
**Registration:** 8:15-9:00 AM Sunday Consy Start: Immediately following completion of Main Event playoff round which began at 7:45 am Sunday.  
**Play:** 9 games vs. 9 opponents - Top 25% qualify.  
**Playoffs:** Playoff start time TBA. Match play, best 2 of 3.

**OTHER EVENTS** Friday Night Sp: \$20 Registration 6:30p/ Play 7:00p. 9 games- pays 1 in 6.  
Saturday Night - Canadian Doubles: Registration 6.00p, play 7:00p, 9 games pays 1 in 4. \$50 per team.

**AVAILABLE:** \$5 50%/50% pools Saturday/Sunday  
\$10 pp 3 Person Pool for Main Event.  
"All Events" competition: \$20.00 includes Friday, Main, Can. Doubles

Name \_\_\_\_\_ ACC # \_\_\_\_\_ Amt. Encl: \$ \_\_\_\_\_

Address \_\_\_\_\_ E mail: \_\_\_\_\_

City \_\_\_\_\_ STATE \_\_\_\_\_ Zip \_\_\_\_\_

Tel.# \_\_\_\_\_ Stationary Seat: y n special dietary needs \_\_\_\_\_

Mail check or MO to Robert G. Fitzgerald, 55 Lorraine Ct., East Hartford, CT 06118