

2013 GREATER ORLANDO OPEN

CRIBBAGE TOURNAMENT

DECEMBER 6TH – DECEMBER 8TH, 2013

THE QUALITY INN ♠ 151 NORTH DOUGLAS AVENUE ♠ ALTAMONTE SPRINGS, FL 32714
(LOCATED OFF OF I-4, EXIT 92)

HOTEL TELEPHONE NUMBER (407) 869-9000

RESERVATIONS 877-424-6423

ACC Sanctioned ♠ Walk-Ins Welcome (Please notify ahead of time and please pay in cash)



HOTEL INFORMATION – Room rate is \$69.00 per night. The hotel offers great rooms, **free full breakfast Saturday and Sunday morning**. Free Internet access in the business center located in the lobby.

MENTION GREATER ORLANDO CRIBBAGE GROUP



Friday, December 6th	6:45 PM	Registration	
	7:30 PM	9 Games - \$20	Semi-Graduated Q-Pool - \$10
Saturday, December 7th	8:30 AM	MAIN TOURNAMENT	
		20 Games - \$60	Graduated Q-Pool - \$20

MAIN TOURNAMENT REGISTRATION: 7:30 – 8:15 AM – Must be seated by 8:15am. Start playing at 8:30 AM Sharp! Lunch is not included in fee. There are several great restaurants in immediate walking distance.

Saturday Night	7:00 PM	Registration	
	7:30 PM	9 Games - \$20	Semi-Graduated Q-Pool - \$10
Saturday Afternoon	4:30 PM?	Possible playoff start time	
Sunday, December 8th	7:30 AM	MAIN TOURNAMENT PLAYOFFS	
		3 of 5	Final 8 - 4 of 7
Sunday, December 8th	8:30 AM	Registration for Consolation	
	9:00 AM	Start the Consolation	
		9 Games - \$25	Graduated Q-Pool - \$15
		Consolation Playoffs: TBA - 12:30pm?	Playoffs: 2 of 3

All tournaments will payout 1 of 4 and all Q-Pools will payout 1 of 6. No muggins.

\$1.00 per player will be removed from Friday and Saturday night tournaments for expenses. **Please help us by registering EARLY.** A \$2 ACC Sanction Fee will be removed from the Main Tournament Fee.

TOURNAMENT DIRECTOR: **DAVE FOURNIER – (407) 695-1902**
TOURNAMENT CO-DIRECTOR: **NICOLE FOURNIER – (407) 468-5491**

ENTRY FORM – 2013 Greater Orlando Open

Make checks payable to: Dave Fournier
808 Osceola Trail, Casselberry, Florida 32707

Please complete the following:

Main Tournament:	\$60 x _____ = _____	Name: _____	ACC# _____
Q-Pool:	\$20 x _____ = _____	Address: _____	
Friday Night:	\$20 x _____ = _____	City: _____	State: _____ Zip: _____
Friday Night Q:	\$10 x _____ = _____	Telephone Number: _____	
Saturday Night:	\$20 x _____ = _____	Name: _____	ACC# _____
Saturday Night Q:	\$10 x _____ = _____	Address: _____	
Total Amount Submitted:	\$ _____	City: _____	State: _____ Zip: _____
		Telephone Number: _____	

Is Stationary seating required and needed: YES **Willing to Judge:** YES