

# BRAT STOP OPEN, KENOSHA, WISCONSIN

## July 11 – 13, 2014

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 into parking lot "B" on west side of building. Use entrance "B".	Tournament director: Don Urban, 818 Whitetail Drive, Marengo, IL 60152. 815-568-0494 or 201-660-0522 (cell). donalddurban@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) \$54.00 D/S Must mention "Cribbage Tournament" for this reduced rate.**

Super-8, 3/4 mile, 7601 118<sup>th</sup> Ave, (east side of I-94), 262-857-7963, Prices vary

### Tournament Formats

Friday 7:30pm	9 games, \$25.00, payout is 1 in 6
Saturday 8:00am	Main event, registration & seat selection, play starts 8:45am sharp \$60.00, 22 games vs. 22 opponents, alternate deal, \$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 6
Sunday, 7:30am	Main playoffs continue 8:00am Consolation registration, play starts at 9:00am \$30.00, 9 games, \$10.00 Q optional
Sunday 12:15pm	Consolation playoffs begin.
All events	\$20.00, Friday night, Main, Saturday night

**Note: Q-Pool graduated payouts to all qualifiers.**

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### Registration Form – detach at above line.

Please PRINT clearly and mail with your check payable to "Brat Stop Open" by July 4, 2014.

Friday 7:30pm	@\$25.00	Enter amount	_____
Saturday Main Event	@\$60.00	Enter amount	_____
Optional Main Event Q-pool	@\$20.00	Enter amount	_____
Saturday 7:30pm	@\$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