



**Mick Michaelis Classic**  
**March 11-13, 2016**  
**Marinette, WI**  
*Sanctioned by the ACC*



Playing Location and Lodging	Tournament Director
Riverfront Inn 1821 Riverside Ave. Marinette, WI 54143 1-800-338-3305 1-715-732-1000	Al Karr 2866 Shade Tree Ct. Green Bay, WI 54313 920-639-3546 Email: <a href="mailto:cribbageeagle@gmail.com">cribbageeagle@gmail.com</a>

Riverfront Inn has reserved a block of rooms. A standard room with Double Occupancy is \$59.99 + tax per night. **Includes:** A complimentary full breakfast buffet each morning for registered hotel guests. To receive the special rate, you must mention the **Mick Michaelis Classic Cribbage Tournament**.

**SCHEDULED EVENTS**

<i>Friday</i>	<i>Saturday</i>	<i>Saturday Nite</i>	<i>Sunday</i>
<b>Singles</b>	<b>Main</b>	<b>Playoffs</b>	<b>Main Playoffs</b>
6:00 PM Registration 7:00 PM Play 9 Games \$20 Entry Pay: 1 of 5	7:00 AM Registration 8:15 AM Orientation 8:30 AM Play 22 Games (2 games vs. 11) Top 25% will playoff \$65 Entry ( <i>Includes lunch and 3\$ donation to Shriners</i> ) \$15 Optional ( <i>Graduated Q Pool Paid to all Qualifiers</i> )	1st Round 5:30 PM Best 3 of 5 games	Second Round <b>7:30 AM</b>
<b>All Events</b>		<b>Singles</b>	<b>Consolation</b>
<b>\$20</b> Fri Nite, Sat Nite, Main Pays 1 of 8		6:00 PM Registration 7:00 PM Play 9 Games \$20 Entry Pay: 1 of 5	8:00AM Registration 9:00AM Play 9 Games \$40 Entry ( <i>includes \$10 Graduated Qpool paid to all qualifiers</i> )
Questions to: Al Karr 920-639-3546 Email: <a href="mailto:cribbageeagle@gmail.com">cribbageeagle@gmail.com</a>	<b>Team Event (Main)</b> 4 Man Team \$20 - Pay 1 of 5 Signup 7:00-8:00 AM	<b>Crib Cross Tourney</b> Registration 6:30 PM 7:05 PM Play \$10 per person Pay: 1 of 4	<b>Consolation Playoffs</b> Around Noon Best 2 of 3 games Pay 1 out of 4

***CASH ONLY ON WEEKEND OF TOURNAMENT***

Make Checks payable to MMC and mail to: Al Karr, 2866 Shade Tree Ct., Green Bay, WI 54313

Handicap Seating Requested: _____	Fri Night: \$20_____
Name _____ ACC# _____	All Events(FN,SN,MN)\$20 _____
Address _____	Main Entry Fee: \$65_____
City _____ St _____ Zip _____	Main Q-Pool \$15_____
Email _____ Phone _____	Saturday Night: \$20_____
I agree to abide by the rules of the American Cribbage Congress.	Crib Cross \$10_____
Signature _____ Date _____	Total \$_____