



**AMERICAN
CRIBBAGE
CONGRESS**

**Sanctioning
Request**

**Western Region
Tournament Commissioner
Rick Shea
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Eureka, CA 95503-7060
(707) 444-3161
Email: 31for14@gmail.com**

Agreement with the American Cribbage Congress:

I agree to pay back, to the entrants, a minimum of 85% of the entry fee from the Main and Consolation tournaments. The 85% may include meals, coffee, donuts, pastries, prizes, trophies, sanctioning fees and any charitable donations. All other costs, such as, playing cards, advertising, telephone, hall rental and postage are considered **TOURNAMENT EXPENSES**.

I will pay a \$3.00 per entrant fee to the American Cribbage Congress for each individual in the Main tournament and \$1.00 per entrant for each individual in the Consolation.

I will send a copy of the tournament flier, for approval, to the Regional Commissioner prior to distributing them. The tournament flier must include "This tournament is sanctioned by the ACC"

I will qualify, only, **1 out of 4 entrants** in the qualifying rounds of the Main and Consolation tournaments. These qualifiers shall advance to the playoffs. The qualifying round shall consist of at least the following:

- Check One** **Two Day Main Tournament:** 18 games (minimum); **Consolation Tournament:** 9 games (minimum)
 One Day Main Tournament: 11 games (minimum); **Consolation Tournament:** 7 games (minimum)

For those who qualify, I will conduct head-to-head playoff matches, consisting of a minimum of 3 out of 5 for **MAIN TOURNAMENTS**, and a minimum of 2 out of 3 for **CONSOLATION TOURNAMENTS**. Note: all who qualify must be afforded the chance to win the tournament.

I will send the sanctioning fee and the completed tournament report, to the Regional Tournament Commissioner, within 14 days of the tournament. This report shall identify all the qualifiers by finishing position, along with their ACC numbers and City/St.

I agree to abide by all these guidelines and all of the rules of the ACC.

Any requests to vary from these rules must be approved by the Tournament Commissioner prior to the printing of the tournament flier.

Please complete the following and return to Tournament Commissioner:

Tournament Name _____ Date of Tournament _____

Playing Site _____ Address _____

City _____ State _____ Zip _____

Tournament Director's Name _____ Telephone _____

Director's Address, City, St, Zip _____

Co-Directors (if any) _____

If donating to a charity, name _____ Donation per person \$ _____

Main Entry fee (incl. \$3 sanctioning fee) \$ _____ Q Pool \$ _____ Graduated Q Pool? Yes No

Consolation entry fee (incl \$1 sanctioning fee) \$ _____ Q Pool \$ _____ Q Pd to all Qualified Entrants? Yes No

Entry includes (coffee, donuts, lunch, etc.) _____

Tournament Formats: Main, qualifying round, number of games _____ Playoffs, best _____ of _____ Final 8 _____ of _____

Consolation, qualifying round, number of games _____ Playoffs, best _____ of _____

Other Events (identify by day and entry fee; (example, High Roller Fri 7 PM \$100, Doubles Sat 7 PM \$40/team)

Miscellaneous (for CW "Tournament Trail" info) _____

I need: an ACC Tournament banner Scorecards: # of Games _____ Qty _____, # of Games _____ Qty _____

I agree to abide by the above guidelines

Tournament Director's signature _____ ACC ID _____ Date _____