

Marv Lang Memorial



Sanctioned by the ACC www.cribbage.org

Playing Location: (847) 741-1684 American Legion Hall Post 57 820 N. Liberty Street Elgin, Illinois 60120	Tournament Director: Dan Selke (847) 977-3875 728 N. Dryden Ave, Arlington Heights, IL 60004 Email: jazzselke@aol.com Co-Tournament Director: Jerry Griffin (815) 505-1150
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Lodging: Rates may vary

- Super 8 by Wyndham:** 435 Airport Road, Elgin, IL 60123, (847) 857-7904
- Holiday Inn & Suites:** 495 Airport Rd, Elgin, IL 60123, (847) 488-9000
- Lexington Inn & Suites:** 1585 Dundee Ave, Elgin, IL 60120, (847) 695-2100
- Quality Inn:** 500 Tollgate Rd, Elgin, IL 60123, (224) 276-6823

SCHEDULED EVENTS

<i>Friday Singles Main Event 7/10/26</i>	<i>Friday ME Playoffs 7/10/26</i>	<i>Saturday Singles Main Event 7/11/26</i>	<i>Saturday Singles Consolation 7/11/26</i>
11:00 AM Registration 11:45 AM Orientation 12:00 Noon Play (1 game Vs.12 opponents) 12 Games \$70 Entry (Does not Include lunch: Pays 1 of 4) \$20 Graduated Q pool, all qualifiers paid	1st Round of playoffs @ approximately 5:00 PM Best 3 of 5 games (all rounds)	7:00 AM Registration 8:15 AM Orientation 8:30 AM Play (1 game Vs.12 opponents) ~ 12 games \$70 Entry (Does not Include lunch: Pays 1 of 4) \$20 Graduated Q pool, all qualifiers paid	12:00 Noon Registration 1:00 PM Play (1 game Vs. 8 opponents) ~ 8 games \$40 Entry (Pays 1 of 4) \$10 mandatory Graduated Q pool, all qualifiers paid
<i>Friday Night Fish Fry (4 PM - 7 PM)</i> Various meal options available (pay at the venue)	<i>Friday Night Canadian Doubles 7/10/26</i> 6:00 PM register 7:00 PM Play 9 Games for \$50/team (pay at venue) Partners will be assigned if you don't have one Pays 1 of 5	<i>Saturday Main Event Playoffs 7/11/26</i> 1st Round of playoffs @ approximately 1:00 PM Best 3 of 5 games (all rounds)	<i>Saturday Consolation Playoffs 7/11/26</i> 1st Round of playoffs @ approximately 3:30 PM Best 2 of 3 games (all rounds)

CASH ONLY ON WEEKEND OF TOURNAMENT

Make Checks payable to **Dan Selke** and mail to: Dan Selke, 728 N. Dryden Ave, Arlington Heights, IL 60004

Handicap Seating Requested: _____

Name _____ ACC# _____ Fri Main Entry: \$70 _____
 Address _____ Fri Main Q-Pool: \$20 _____
 City _____ St _____ Zip _____ Sat Main Entry Fee: \$70 _____
 Email _____ Phone _____ Sat Main Q-Pool: \$20 _____

I agree to abide by the rules of the American Cribbage Congress.

Signature _____ Date _____ Total Enclosed \$ _____