

NEW LOCATION!

2017 GREATER ORLANDO OPEN CRIBBAGE TOURNAMENT

FEBRUARY 10TH – FEBRUARY 12TH, 2017

THE QUALITY INN ♦ 626 LEE ROAD ♦ ORLANDO, FL 32810
(LOCATED OFF OF I-4, EXIT 88)

HOTEL TELEPHONE NUMBER (407) 645-5600

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

HOTEL INFORMATION – Room rate is \$79.00 per night. Cut off for \$79.00 rate is 2/1/17 otherwise the room rate will be \$129.00.
The hotel offers great rooms, free breakfast provided Saturday and Sunday morning. Free Internet access in the business center located in the lobby.

MENTION GREATER ORLANDO CRIBBAGE GROUP – GREATER ORLANDO OPEN

Friday, February 10th 6:45 PM Registration
 7:30 PM 9 Games - \$30

Saturday, February 11th 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 - \$30

Saturday Afternoon 4:30 PM? Possible playoff start time

Sunday, February 12th 7:30 AM **MAIN TOURNAMENT PLAYOFFS**
 3 of 5 Final 8 - 4 of 7

Sunday, February 12th 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 4. **Muggins will be in effect all weekend.**

\$1.00 per player will be removed from Friday and Saturday night tournaments for expenses. **Please help us by registering EARLY.** A \$3 ACC Sanction Fee will be removed from the Main Tournament Fee in addition to a \$1.00 ACC Sanction Fee that will be removed from the Consolation.

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

ENTRY FORM – 2017 Greater Orlando Open

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

Please complete the following: Name: _____ ACC# _____
Main Tournament: \$60 x _____ = _____ Address: _____
Q-Pool: \$20 x _____ = _____ City: _____ State: _____ Zip: _____
Friday Night: \$30 x _____ = _____ Telephone Number: _____
Saturday Night: \$30 x _____ = _____

Total Amount Submitted: \$ _____ Name: _____ ACC# _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Telephone Number: _____

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