AMERICAN CRIBBAGE CONGRESS
CRIBBAGE.ORG

CHEYENNE SPRING ROUND-UP
April 10-11, 2027
American Legion Post #6
2001 E. Lincolnway, Cheyenne, Wyoming 82001
ALL TOURNAMENTS ARE NON-SMOKING

18 GAME TOURNAMENT Sanctioned by the ACC (cribbage.org)

Cheyenne Spring Round-Up

Director: Jim Rosso
(307) 631-2741 jmtrosso@yahoo.com
Co-directors: Margaret Rosso & Bill MacMillan

This weekend feature One 18 Game Main Tournament and a 9 Game Consolation Tournament. Flyer available on the ACC website, www.cribbage.org.

SCHEDULE OF EVENTS

Saturday, April 10	Cheyenne Spring Round-Up	
Top 25% Qualify for Playoffs	● 7:30-8:00 am Registration $75 entry includes $3 sanction fee	18 games against 18 opponents
	● 8:10 am Play starts games 1-9	
	● 12:00 pm (approx) lunch on your own	
	● 1:00 pm (approx) play resumes games 10-18	
	● 5:00 pm 1st round playoffs if required	
	Side Pool will available for both days	
Sunday, April 11	● 7:30 am Main Playoffs Resume	3 of 5
	● 8:00-8:55 am Consolation Registration $40 entry includes $1 sanction fee	9 games vs 9 opponents
	● 9:00 am Consolation play starts	
	● Playoffs to follow asap	2 of 3

Players must be present 15 minutes before announced start time for registration, orientation, and random-draw seat assignments. All tournaments pay 1 in 4 entrants (25%). **Muggins will not be played. No alcoholic beverages are allowed to be brought into the facility or taken out of the facility.** Please register as early as possible. Refunds will be given if you can't attend. Walk-in registration is **cash only**—small bills appreciated. **NO CHECKS TAKEN AT THE DOOR**.

ACC MEMBERSHIP REQUIRED FOR ALL ACC SANCTIONED TOURNAMENTS.

Cheyenne Spring Round-Up _____$75

Total Amount $_____

Make checks payable to:
Jim Rosso
8004 firethorn Lane
Cheyenne, Wy 82009

NAME_____ ACC#_____
ADDRESS _____ PHONE _____
CITY/STATE/ZIP _____ EMAIL _____
STATIONARY SEAT _____YES _____NO JUDGE _____YES _____NO

An inherent risk of exposure to COVID-19 exists in any public place where people are present. Senior citizens and those with underlying medical conditions are especially vulnerable. By playing in or attending American Cribbage Congress events you voluntarily assume all risks related to exposure to COVID-19.
I agree to abide by the rules of the American Cribbage Congress.

SIGNATURE _____ DATE _____