

**10<sup>TH</sup> ANNUAL 199er SECTIONAL TOURNAMENT**

**SUNDAY, OCTOBER 1<sup>st</sup>, 2017**

**10:00 A.M and 2:30 P.M.**

**THE BRIDGE CENTER**

**19A ANDOVER DR., WEST HARTFORD, CT**

**(860-953-3177)**

**SILVER POINTS, EDUCATIONAL HANDOUTS AND TROPHIES**

**BRIDGE LESSON BETWEEN SESSIONS**

**FREE LUNCH!!!!**

**Information and Pairing**

Bill Watson  
(860) 521-5243  
hbctourney16@gmail.com

**Stratified Games**

A: 100-200  
B: 50-100  
C: 0-50

**DIRECTIONS:**

From the North: I-91 S to I-84 W. Take left Exit 45, Flatbush Ave. Turn R at end of exit ramp. Turn L at next light, Newfield Ave. Travel .56 miles and turn R onto Dexter St. Take next R onto Reed Ave. Go straight through gate to Bridge Center.

From the South: I-91 N to I-84 W. Take left Exit 45, Flatbush Ave. Turn R at end of exit ramp. Turn L at next light, Newfield Ave. Travel .56 miles and turn R onto Dexter St. Take next R onto Reed Ave. Go straight through gate to Bridge Center.

From the East: I-84 W to left Exit 45, Flatbush Ave. Turn R at end of exit ramp. Turn L at next light, Newfield Ave. Travel .56 miles and turn R onto Dexter St. Take next R onto Reed Ave. Go straight through gate to Bridge Center.

From the West: I-84 E to Exit 41, South Main St. Turn R at end of exit ramp. Travel .2 miles then turn L onto New Britain Ave. Continue .9 miles then turn L onto New Park Ave. Travel .6 miles then turn R onto Oakwood Ave. Cross RR tracks then turn L onto Tolles St. Proceed to Stop sign. Turn L through gate then straight to Bridge Center.

**Play one or both sessions. Entry fee \$12.00 per player per session.**

**\$3.00 additional for non ACBL members. Student discount = \$3.00.**

**PRE-REGISTRATION IS REQUIRED – PLEASE SEE REVERSE**

**ALL PARTICIPANTS MUST FORWARD THE FOLLOWING PLAYER INFORMATION VIA EMAIL TO: [hbctourney16@gmail.com](mailto:hbctourney16@gmail.com)**

**PLAYER ONE \_\_\_\_\_**

**ACBL NUMBER \_\_\_\_\_**

**NUMBER OF MASTER POINTS \_\_\_\_\_**

**EMAIL ADDRESS \_\_\_\_\_**

**PLAYER TWO \_\_\_\_\_**

**ACBL NUMBER \_\_\_\_\_**

**NUMBER OF MASTERPOINTS \_\_\_\_\_**

**EMAIL ADDRESS \_\_\_\_\_**

**SESSION ONE – 10:00 A.M. \_\_\_\_\_**

**SESSION TWO – 2:30 P.M. \_\_\_\_\_**

**(CHOOSE ONE OR BOTH)**

**OR**

**MAIL TO: BILL WATSON  
15 KENMORE ROAD  
BLOOMFIELD, CT  
06002**

**RECEIPT OF YOUR REGISTRATION INFORMATION WILL BE  
ACKNOWLEDGED AS RECEIVED TO CONFIRM YOUR ELIGIBILITY.**

**PARTICIPATION FOR EACH SESSION IS RESTRICTED TO 36 TABLES.**

**FIRST COME, FIRST SERVED.**

**DO NOT BE DISAPPOINTED. REGISTER TODAY.**

