**12th ANNUAL 199er SECTIONAL TOURNAMENT**

**SUNDAY, OCTOBER 13th, 2019**

**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 Stratified Games**

Bill Watson A: 100-200 (860) 521-5243 B: 50-100 hbctourney16@gmail.com 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.**

 **$4.00 additional for non ACBL members. Student discount = $3.00.**

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

**ALL PARTICPANTS MUST FORWARD THE FOLLOWING PLAYER INFORMATION VIA EMAIL TO:** **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.**