



INTERPOST ACTIVITIES  
AMERICAN LEGION DEPARTMENT OF NEW HAMPSHIRE

**2025 CRIBBAGE TOURNAMENT**

**DATE:** Sunday March 9, 2025 – 10:00AM registration - 11:00AM start

**PLACE:** ER Montgomery Post #81 169 Bound Tree Rd. Contoocook, NH 03229 (603) 746-4495

**ELIGIBILITY:** All Legion, Auxiliary and SAL paid up members (2025) who have attained the age of 18. Membership cards **MUST** be shown when registering. **Members without a valid card, WILL NOT be allowed to play.** Photo of membership card on cell phone is acceptable.

**REGISTRATION DEADLINE: February 28, 2025.** Send all applications to: Attn: Cribbage Tournament, Department of New Hampshire The American Legion, 21 South Fruit St. Suite 266, Concord, NH 03301, accompanied with a check for **\$24.00** (per two person team) payable to American Legion Department of New Hampshire. **NO REFUNDS**

**RULES:** Each team will play three rounds of three games each for a total of nine games. Team pairings will be drawn at the start of the tournament and upon completion of the first and second rounds. Total pegs for the nine games will determine, 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup> & 4<sup>th</sup> place winners. In case of a tie, positions will be determined by a play-off.

1. Each team will keep track of total pegs.
2. Deal and cut to the left.
3. No revealing card above cut card
4. All players will cut after each game to determine the dealer of the next game.
5. Two points for cutting Jack, to be pegged before a card is played.
6. No count of Jack cut in the last five holes.
7. All hands to be counted just once, count in rotation and no interfering.
8. No discussions of play or hands between partners.
9. Kibitzing is allowed
10. Each team will bring their own cribbage board and cards.
11. No two teams will play each other more than once.

Dave Quinn, Cribbage Chairman  
(603) 361-7033 - Email: [finance@sweeneypost.org](mailto:finance@sweeneypost.org)

Department Headquarters  
(603) 856-8951

TEAM REGISTRATION FOR 2025 CRIBBAGE TOURNAMENT

NAME \_\_\_\_\_ Card# \_\_\_\_\_ Post/Unit/Squad# \_\_\_\_\_

NAME \_\_\_\_\_ Card# \_\_\_\_\_ Post/Unit/Squad# \_\_\_\_\_

I, \_\_\_\_\_ certify the eligibility of names listed.  
(Post Adjutant)

**PLEASE POST ON BULLETIN BOARD**  
**Duplicate as necessary**