



# 3<sup>rd</sup> Annual Puzzle Tournament

**Saturday, Feb. 1, 2020  
12:15-5 p.m.**

**Jack J. Huck Continuing Education Center  
301 S. 68th St. Place, Lincoln, NE**

**Check-in 12:15-12:45 p.m.**

**Competition begins at 1 p.m. Puzzling ends at 5 p.m.**

Grab your friends, neighbors and family for a fun day of puzzling and friendly competition!  
The Puzzle Tournament is our third jigsaw puzzle race.

Register as a four-person team, two-person team or individual.

Each team category will compete using identical puzzles, provided by the College.  
The first team in each division to complete their puzzle will get "bragging rights!"

**Space is limited.**

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## Divisions

All divisions open to ages 16 and up.

### 4-Person Team

Identical **750**-piece puzzle.  
Entry fee is \$49 per team.

### 2-Person Team

Identical **500**-piece puzzle.  
Entry fee is \$29 per team.

### Individual Competition

Identical **400**-piece puzzle.  
Entry fee is \$19 per person.

### **NEW!** Isn't that Grand? 4-Person Team

Identical **1,000**-piece puzzle.  
Entry fee is \$59 per team.

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**ALL TEAM MEMBERS MUST PROVIDE THEIR INFORMATION ON THE REGISTRATION FORM.**

**Registration form and payment must be received by 5 p.m. Tuesday, Jan. 21, 2020.**

Drop off/mailed to:  
Southeast Community College, Continuing Education  
301 S. 68th St. Place, Lincoln, NE 68510

Fax to:  
402-437-2703



# Important Puzzle Tournament Information

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## Who Can Compete

Puzzle Tournament is open to anyone 16 years of age and up; however, families wanting to compete in the 4-person division are allowed to have younger members if desired. Each team will have identical puzzles.

Space is limited.

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## Puzzle Information

Identical **750**-piece puzzle for 4-person teams.

Identical **500**-piece puzzle for 2-person teams.

Identical **400**-piece puzzles for individual competition.

**NEW!** Identical **1,000**-piece puzzle for 4-person teams.

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## Winners

Winners will be determined within each division through the following methods:

- A. Places are determined by puzzle completion in the shortest amount of time.
- B. If puzzles are not completed in allotted time, then the order of places (1st, 2nd, 3rd, etc.) will be determined by tournament judges based on a count of the remaining pieces.

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## Prizes

No million dollar winners. Just bragging rights until next year.

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## Registration Form

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Drop off/mailed to:

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301 S. 68th St. Place, Lincoln, NE 68510

Fax to:

402-437-2703

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## Additional Information or Questions

Contact us at 402-437-2700, 800-828-0072 or [continuinged@southeast.edu](mailto:continuinged@southeast.edu).



# Puzzle Tournament Official Rules

1. All teams must be pre-registered.
2. Teams may consist of one, two or four members.
3. All teams must be checked in, present and ready to begin at 1 p.m.
4. Each team will be assigned a table/number.
5. Puzzle boxes will be wrapped and on the table prior to the start.
6. At the appointed time, all teams will gather at their assigned table.
7. When the time is started by a signal, team members can unwrap the box and begin.
8. Contestants may not approach other team tables or distract other teams.
9. Questions should be directed to a monitor.
10. Decisions of the judges are final.
11. First team to complete the puzzle should stand back from their table and announce "jigsaw," so the monitors/judges can verify the entry. Other teams will continue working on their puzzle (if they choose) until the time has elapsed.
12. When the time elapses, all teams must step away from their table and puzzle.
13. If no one team finishes before the elapsed time, the winner and ranking will be chosen by the number of "loose" pieces.
14. The team with the least number of "loose" pieces will be the winner. In the event of a tie, an additional five minutes will be given to continue work on the puzzle.
15. No outside assistance can be used in the completion of the puzzle.
16. Food and closed-container beverages are allowed at tables, but at your own risk.
17. Feel free to bring items that may be of assistance (i.e. puzzle trays, magnifying glass, cardboard, spatula, etc).
18. There will be a mandatory 10-minute break at the 90-minute mark.



## Puzzle Swap

If you have old puzzles (with all the pieces) that you would like to get rid of, bring them to the Puzzle Swap during the Puzzle Tournament on February 1 and trade for a “new to you” puzzle. Who knows what you might find!

The rules are simple:

- Bring your used puzzle(s) (with all pieces) to the check-in table when you arrive at the tournament.
- Our staff will set everything out on tables and during tournament break. If you see a puzzle you like, you can take it. It will be fast, free and furious!
- We are on the honor system so don't take more than you brought.
- Any puzzles left over at the end of the day will be donated to a charitable organization.
- Whatever you bring, consider it as a donation (you won't get it back).

### Missing Piece Puzzles Need Love, Too

We also will have a special separate corner for puzzles with missing pieces. You know it happens, we all have puzzles that have pieces that have...vanished in the carpet... been eaten by the dog...stolen by the cat... or the “no clue where it went to” situation. Even though they are missing a piece, they can still be fun to do. Mark your box lid with “piece missing” and maybe they will find a home, too.





# 2-person Team Puzzle Tournament 500-Piece Puzzle Registration Form

Complete this form with payment information and send via FAX or mail to:  
**Southeast Community College, Continuing Education**  
**301 S. 68th St. Place, Lincoln, NE 68510**  
**FAX: 402-437-2703**

The College requests, but does not require, a student provide their Social Security number during the admissions process. Visit [www.southeast.edu/collegecatalog](http://www.southeast.edu/collegecatalog) for additional information.

**PLEASE PRINT**

## Puzzler #1 (Main Contact)

Social Security Number OR SCC Student ID Number		Birth Date	Name: Last		First	Middle Initial
Residence Mailing Address			City	State	Zip	County #
Email Address			Cell Phone		<input type="checkbox"/> Home <input type="checkbox"/> Business Phone	
I identify as: <input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Nebraska Resident <input type="checkbox"/> Non-Resident	Ethnicity (select one): <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino		Race (Select one or more): <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Black/African-American	

SIGNATURE \_\_\_\_\_

FOR OFFICE USE ONLY	
ID# _____	DE _____

## Puzzler #2

Social Security Number OR SCC Student ID Number		Birth Date	Name: Last		First	Middle Initial
Residence Mailing Address			City	State	Zip	County #
Email Address			Cell Phone		<input type="checkbox"/> Home <input type="checkbox"/> Business Phone	
I identify as: <input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Nebraska Resident <input type="checkbox"/> Non-Resident	Ethnicity (select one): <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino		Race (Select one or more): <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Black/African-American	

SIGNATURE \_\_\_\_\_

FOR OFFICE USE ONLY	
ID# _____	DE _____

COURSE NUMBER										SECTION				TITLE	DATE	LOCATION	TIME	COST
L	L	L	X	2	3	5	0	C	E	W	C	<b>500-Piece Puzzle (2-person Team)</b>	Feb. 1, 2020	CEC	12:15 p.m.	\$29		

Check  Cash  Mastercard  AMEX  Discover  VISA V Code \_\_\_\_\_

Name as it appears on card: \_\_\_\_\_

Exp. Date \_\_\_\_\_ CC # \_\_\_\_\_

Billing agency (INCLUDE LETTER OF AUTHORIZATION ON COMPANY LETTERHEAD)

For the protection of your personal credit card information, do not email this form to SCC. If faxing, only use the fax number listed or verify with SCC before using another SCC fax number.

<b>TOTAL DUE</b>	_____
Would you like a receipt mailed to you?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	

Submission of this form indicates that I understand: 1) that my registration is complete and that I am accountable for the tuition and fees and subject to a grade in the courses listed; 2) that should I officially drop, cancel, or withdraw, any refund in tuition will be determined by the date I submit my request to Continuing Education; 3) that failure to attend a course does not constitute an official drop/withdrawal; 4) the personal information contained herein is correct as shown; and 5) any changes in SSN, legal name, address, residency, etc. must follow the College procedures in the Student Handbook and College Catalog. It is the policy of SCC to provide equal opportunity and nondiscrimination in all admission, attendance, and employment matters to all persons without regard to race, color, religion, sex, age, marital status, national origin, ethnicity, veteran status, sexual orientation, disability, or other factors prohibited by law or College policy. Inquiries concerning the application of SCC's policies on equal opportunity and nondiscrimination should be directed to the Vice President for Access/Equity/Diversity, SCC Area Office, 301 S. 68th St. Place, Lincoln, NE 68510, or [jsoto@southeast.edu](mailto:jsoto@southeast.edu).



# Individual Competition Puzzle Tournament 400-Piece Puzzle Registration Form



Complete this form with payment information and send via FAX or mail to:  
**Southeast Community College, Continuing Education**  
**301 S. 68th St. Place, Lincoln, NE 68510**  
**FAX: 402-437-2703**

The College requests, but does not require, a student provide their Social Security number during the admissions process. Visit [www.southeast.edu/collegecatalog](http://www.southeast.edu/collegecatalog) for additional information.

**PLEASE PRINT**

Social Security Number OR SCC Student ID Number		Birth Date	Name: Last		First	Middle Initial
Residence Mailing Address			City	State	Zip	County #
Email Address			Cell Phone		<input type="checkbox"/> Home <input type="checkbox"/> Business Phone	
I identify as: <input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Nebraska Resident <input type="checkbox"/> Non-Resident	Ethnicity (select one): <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino		Race (Select one or more): <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Black/African-American	

**SIGNATURE** \_\_\_\_\_

FOR OFFICE USE ONLY	
ID# _____	DE _____

COURSE NUMBER										SECTION				TITLE	DATE	LOCATION	TIME	COST
L	L	L	X	2	3	5	0	C	E	W	D	<b>400-Piece Puzzle (Individual)</b>	Feb. 1, 2020	CEC	12:15 p.m.	\$19		

Check  Cash  Mastercard  AMEX  Discover  VISA V Code \_\_\_\_\_

Name as it appears on card: \_\_\_\_\_

Exp. Date \_\_\_\_\_ CC # \_\_\_\_\_

Billing agency (**INCLUDE LETTER OF AUTHORIZATION ON COMPANY LETTERHEAD**) \_\_\_\_\_

For the protection of your personal credit card information, do not email this form to SCC. If faxing, only use the fax number listed or verify with SCC before using another SCC fax number.

<b>TOTAL DUE</b>	
Would you like a receipt mailed to you?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	

Submission of this form indicates that I understand: 1) that my registration is complete and that I am accountable for the tuition and fees and subject to a grade in the courses listed; 2) that should I officially drop, cancel, or withdraw, any refund in tuition will be determined by the date I submit my request to Continuing Education; 3) that failure to attend a course does not constitute an official drop/withdrawal; 4) the personal information contained herein is correct as shown; and 5) any changes in SSN, legal name, address, residency, etc. must follow the College procedures in the Student Handbook and College Catalog. It is the policy of SCC to provide equal opportunity and nondiscrimination in all admission, attendance, and employment matters to all persons without regard to race, color, religion, sex, age, marital status, national origin, ethnicity, veteran status, sexual orientation, disability, or other factors prohibited by law or College policy. Inquiries concerning the application of SCC's policies on equal opportunity and nondiscrimination should be directed to the Vice President for Access/Equity/Diversity, SCC Area Office, 301 S. 68th St. Place, Lincoln, NE 68510, or [jsoto@southeast.edu](mailto:jsoto@southeast.edu).





# 4-person Team Puzzle Tournament 1,000-Piece Puzzle Registration Form

Complete this form with payment information and send via FAX or mail to:  
**Southeast Community College, Continuing Education**  
 301 S. 68th St. Place, Lincoln, NE 68510  
 FAX: 402-437-2703

The College requests, but does not require, a student provide their Social Security number during the admissions process. Visit [www.southeast.edu/collegecatalog](http://www.southeast.edu/collegecatalog) for additional information.

**PLEASE PRINT**

## Puzzler #1 (Main Contact)

Social Security Number OR SCC Student ID Number		Birth Date		Name: Last		First		Middle Initial	
Residence Mailing Address				City		State		Zip	
Email Address				Cell Phone		<input type="checkbox"/> Home <input type="checkbox"/> Business Phone			
I identify as: <input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Nebraska Resident <input type="checkbox"/> Non-Resident		Ethnicity (select one): <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino		Race (Select one or more): <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Other Pacific Islander		<input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Black/African-American	

SIGNATURE \_\_\_\_\_

<b>FOR OFFICE USE ONLY</b>	
ID# _____	DE _____

## Puzzler #2

Social Security Number OR SCC Student ID Number		Birth Date		Name: Last		First		Middle Initial	
Residence Mailing Address				City		State		Zip	
Email Address				Cell Phone		<input type="checkbox"/> Home <input type="checkbox"/> Business Phone			
I identify as: <input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Nebraska Resident <input type="checkbox"/> Non-Resident		Ethnicity (select one): <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino		Race (Select one or more): <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Other Pacific Islander		<input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Black/African-American	

SIGNATURE \_\_\_\_\_

<b>FOR OFFICE USE ONLY</b>	
ID# _____	DE _____

## Puzzler #3

Social Security Number OR SCC Student ID Number		Birth Date		Name: Last		First		Middle Initial	
Residence Mailing Address				City		State		Zip	
Email Address				Cell Phone		<input type="checkbox"/> Home <input type="checkbox"/> Business Phone			
I identify as: <input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Nebraska Resident <input type="checkbox"/> Non-Resident		Ethnicity (select one): <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino		Race (Select one or more): <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Other Pacific Islander		<input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Black/African-American	

SIGNATURE \_\_\_\_\_

<b>FOR OFFICE USE ONLY</b>	
ID# _____	DE _____

## Puzzler #4

Social Security Number OR SCC Student ID Number		Birth Date		Name: Last		First		Middle Initial	
Residence Mailing Address				City		State		Zip	
Email Address				Cell Phone		<input type="checkbox"/> Home <input type="checkbox"/> Business Phone			
I identify as: <input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Nebraska Resident <input type="checkbox"/> Non-Resident		Ethnicity (select one): <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino		Race (Select one or more): <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Other Pacific Islander		<input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Black/African-American	

SIGNATURE \_\_\_\_\_

<b>FOR OFFICE USE ONLY</b>	
ID# _____	DE _____

COURSE NUMBER			SECTION			TITLE	DATE	LOCATION	TIME	COST						
L	L	L	X	2	3	5	0	C	E	W	A	<b>1,000-Piece Puzzle (4-person Team)</b>	Feb. 1, 2020	CEC	12:15 p.m.	\$59

Check  Cash  Mastercard  AMEX  Discover  VISA V Code \_\_\_\_\_

Name as it appears on card: \_\_\_\_\_

Exp. Date \_\_\_\_\_ CC # \_\_\_\_\_

Billing agency (INCLUDE LETTER OF AUTHORIZATION ON COMPANY LETTERHEAD)

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**TOTAL DUE**

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