

PERFORMANCE HANDICAP RACING FLEET RATING APPEAL FORM

Yacht Under Appeal _____

Owner: _____ Sail No. _____

Appellant's Name: _____ Address: _____

Phone No. _____ FAX/EMail No. _____

Fill out all of the following sections for your yacht even if you are appealing the rating of another yacht.

Date of last haul out: _____ Type of bottom paint: _____

How is bottom paint applied: _____

How often is bottom cleaned: _____

How is bottom cleaned: _____

<u>Sail Inventory</u>	<u>Material</u>	<u>Condition</u>	<u>Age (months)</u>
Main	_____	_____	_____
Genoas			
LP % _____	_____	_____	_____
LP % _____	_____	_____	_____
LP % _____	_____	_____	_____
Spinnakers			
1 _____	_____	_____	_____
2 _____	_____	_____	_____
Others (list)			
_____	_____	_____	_____
_____	_____	_____	_____

Crew: How many years of racing experience for skipper: _____

How many normally in your crew including skipper: _____

How many crew members sail with you more than 50% of time: _____

Races: List number and type of races sailed annually, such as Wednesday night, Spring Series, Long Distance, etc. (Additional sheets if required)

Race results: List race result data for the appealed yacht and your own in at least 5 races. (Attach additional sheets if required)

Race Finish Position:

What percentage of time do you finish in top third: _____

What percentage of time do you finish in middle third: _____

What percentage of time do you finish in bottom third: _____

List those boats you feel sail with you on a boat for boat basis.

List those boats that best you on corrected time which you feel you should be beating or sailing equal to on corrected time.

List those boats whose ratings you consider unfair, and what rating you recommend as being fair. (optional)

<u>Class/Length</u>	<u>Yacht Name</u>	<u>Owner</u>	<u>Current Rating</u>	<u>Suggested Rating</u>
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Please make any additional comments that you feel will help your appeal. (Attach additional sheets if necessary.)

Please sign and return this form to the the handicap committee chairman. It may be placed in the Regatta Committee mailbox in the SSC clubhouse. The appeal will be reviewed by the PHRF Handicap Committee at the next meeting.

Date: _____ Appellant's Signature _____