

PERFORMANCE HANDICAP RACING FLEET

RATING APPEAL

Yacht Under Appeal: _____

Owner: _____ Class/Length: _____

Current Rating: _____ Suggested Rating: _____

Appellant's Name: _____ Class/Length: _____

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

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>Sailmaker</u>	<u>Material</u>	<u>Oz's</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 the time: _____

RACES: List number and type of races sailed annually, such as Wednesday night, one-design, NCYRA sponsored sanctioned races.

RACE RESULTS: List race result data for at least five (5) races:

<u>Date</u>	<u>Race/Name</u>	<u>Class Div.</u>	<u>Number Starters</u>	<u>Corr. Finish Pos.</u>	<u>+/- sec/mi to be 1st in class</u>	<u>+/- sec/mi to be 3rd in class</u>	<u>Club Sponsor</u>

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? _____

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

<u>Class/length</u>	<u>Yacht Name</u>	<u>Owner</u>	<u>Current Rating</u>	<u>Suggested Rating</u>

List those boats that beat you on corrected time, that 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)

Please make any additional comments that you feel will help your appeal. (Attach additional sheets if necessary)

Please sign and return this form to your **AREA HANDICAPPER**. The appeal will be reviewed by the Board of Handicappers at the next regular meeting.

Date: _____ Appellant's signature: _____