

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 1<sup>st</sup> in class</u>	<u>+/- sec/mi to be 3<sup>rd</sup> 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.

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

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

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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: \_\_\_\_\_