

PHRF-LE INC. P.O. BOX 770109 CLEVELAND, OHIO 44107 VOICE/FAX 440/933-9917 EMAIL: info@phrf-le.org

www.phrf-le.org

RATING APPEAL of							(Name of Yacht Under Appeal)					
Owner of above Yacht:						Yacht Club:						
Do you plan to	attend the r	neeting	and make a s	Y	es No							
Manufacturer/M	Aodel/Leng	th:		Sail #:								
Email Address:												
Current Valid Rating:							Suggested Rating:					
All the followin appealing anoth								acht above, even if	f you are			
Appellant's Na	me											
Street:						Ci	ity:	State:	Zip:			
Home Phone:						Office Phone:						
Date of last haul out:						Type of bottom paint:						
How often is bottom cleaned?						How is bottom paint applied?						
Sail Inventory Sa			ilmaker		Material		Oz.	Condition	Age (Months)			
Mainsail												
Genoa, LP%				<u> </u>								
Genoa, LP%				<u> </u>								
Genoa, LP%				<u> </u>								
Spinnaker #1				<u> </u>								
Spinnaker #2				<u> </u>								
Others (List)												
	1											
CREW:	EW: 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?											
TYPES OF RACES SAILED:	Informal		Wed. Night		Club Events		Invitational	Regional Events	Nationa./Intl Events			
Number Sailed Annually												

RACE RESU	LTS: List	t race	results for at lea	st five races, pa	rticularly inv	vitational races						
Date	Race Name		Class Division	Number Starters	Corrected Finish Position	to be 1 st in	+/1 sec/mile to be 3 rd in Class	Club Sponsor				
RACE FINISH POSITION:		ION:	What percentage of time do you finish in top third?									
			What percentage of time do you finish in the middle third?									
			What percenta	age of time do y	ou finish in t	he bottom third?						
COMPETITIC	ON: List	those 1	boats you feel sa	ail with you on a	a boat to boar	t basis						
Class/Len	igth:	Y	acht Name	Owner		Current Rating	Suggested Rating					
		<u> </u>										
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COMPETITIC (Optional)	ON: List	those 1	boats whose rati	ings you conside	er unfair, and	l what rating you re	ecommend woul	ld be fair				
Class/Len	ngth:	Y	acht Name	Own	er	Current Rating	Current Rating Suggested					
		<u> </u>										
		<u> </u>										
Appeals are accepted from October 1 st through April 1st each sailing season. Please attach any additional comments that you feel will help your appeal. Use additional sheets as necessary, maximum of 2 pages. Please sign and date this form and mail it to PHRF-LE. The appeal will be reviewed by the Handicapping Committee at the next regular meeting.												
Appellant's SignatureDate												
DETERMINATION (for use by the Handicapping Committee only Date Received												
Handicapper's Signature:Date												