PHRF of the Chesapeake, Inc.

P.O. Box 3169, Prince Frederick, MD 20678

RATING APPEAL of _____ (Name of Yacht Under Appeal)						
Owner of above yacht:			Class/Length:			
Current Valid Rating:			Suggested Rating:			
All the following sections will be filled out by the person appealling the rating of the yacht above, even if you are appealling another yacht's rating. Include all information pertaining to <u>your</u> yacht.						
Appellant's Name:						
Street:		City:		State:	Zip:	
Home Phone:			Office Phone:			
Class/Length of appellant's yacht:						
Date of last haul out:			Type of bottom paint:			
How often is bottom cleaned?			How is bottom paint applied?			
How is the bottom cleaned?						

Sail Inventory	Sailmaker	Material	Oz.	Condition	Age(months)
Mainsail					
Genoa, LP%					
Genoa, LP%					
Genoa, LP%					
Spinnaker #1					
Spinnaker #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?						
TYPES of RACES SAILED:	Informal	Wed. Nite	OD Events	CBYRA Events	Club Events	Regional Events	National/Int'l Events
No. Sailed Annually							

RACE RESULTS: List race results for at least five races, particularly CBYRA sanctioned races

Date	Race name	Class Division	Number starters	Correct'd Fin. Pos.	+/- sec/mi. to be 1st in class	+/- sec/mi. to be 3rd in class	Club Sponsor

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 to boat basis.

Class/Length:	Yacht Name	Owner	Current Rating	Suggested Rating

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

Class/Length:	Yacht Name	Owner	Current Rating	Suggested Rating

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 return to your AREA HANDICAPPER. The appeal will be reviewed by the Board of Handicappers at the next regular meeting.

Appellant's Signature: _____ Date: _____

DETERMINATION (for handicappers use only)

Handicapper's Signature:	Date: