

# NORTHERN CALIFORNIA PERFORMANCE HANDICAP RACING FLEET

C/O the YRA of SF Bay – 555 1<sup>st</sup> St, Ste 200-E, Benicia, CA 94510

## RATING APPEAL FORM

Boat Under Appeal: \_\_\_\_\_ Current Rating: \_\_\_\_\_

Boat Owner: \_\_\_\_\_ Proposed Rating: \_\_\_\_\_

Owner's email: \_\_\_\_\_

Owner's Phone # \_\_\_\_\_

Appellant's name (if different from boat owner): \_\_\_\_\_

email: \_\_\_\_\_ Phone: \_\_\_\_\_

Please complete the following sections:

Date of last haul out: \_\_\_\_\_

Type of bottom paint applied: \_\_\_\_\_

How often is bottom cleaned: \_\_\_\_\_

How is bottom cleaned: \_\_\_\_\_

### Sail Inventory

	Sail	Material	Condition	Age (months)
<b>Mainsail</b>				
<b>Genoas</b>	LP %			
	LP%			
	LP%			
<b>Spinnakers</b>	1			
	2			
	3			
<b>Other Sails</b>				

### Crew

How many years of racing experience for the skipper? \_\_\_\_\_

How many normally in your crew, including skipper? \_\_\_\_\_

How many crew members sail with you more than 50% of the time? \_\_\_\_\_

# Race Results

What percentage of the time do you finish in the top third? \_\_\_\_\_

What percentage of the time do you finish in the middle third? \_\_\_\_\_

What percentage of the time do you finish in the bottom third? \_\_\_\_\_

Please List a minimum of 5 Race Results for the boat being appealed as well as race results of your own boat (*if appealing a competitor's boat*). You can also attach additional results to this form.

Date	Race Name	Class/Div	Number of Starters	Finish Position	+/- sec/mi to be 1 <sup>st</sup> in class	+/- sec/mi to be 3 <sup>rd</sup> in class

List Those Boats you feel you sail with on a Boat for Boat basis (Include boat ratings):

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List those boats that best you on corrected time which 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 would recommend as being fair (optional)

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Please provide any additional comments that you feel will assist the committee when reviewing your appeal. (Attach additional pages in needed):

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Please sign and return this form to the YRA office via fax or email. There is a \$40 fee to appeal your rating, or \$50 for appealing a competitors rating. Your appeal will be reviewed by the PHRF Committee at their next scheduled meeting.

Appellant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_