NORTHERN CALIFORNIA
PERFORMANCE HANDICAP RACING FLEET

C/O the YRA of SF Bay – 555 1st 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)
Mainsail				
Genoas	LP %			
	LP%			
	LP%			
Spinnakers	1			
	2			
	3			
Other Sails				

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 1st in class	+/- sec/mi to be 3rd in class

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

_____

_____

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

_____

_____

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

_____

_____

_____

Please sign and return this form to the YRA office via fax or email. There is a $50 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:_____