



LAKE TAHOE PHRF COMMITTEE
Performance Handicap Racing Fleet - Tahoe Yacht Club

PHRF RATING APPEAL FORM

Name of Yacht Under Appeal: _____ Sail Number: _____
Owner: _____ Yacht Model/Type: _____
Current Rating: _____ Suggested Rating: _____
(if different from above) Appellant's Name: _____ Yacht Name: _____

(Complete the following even when appealing another yacht's handicap)

Type of bottom paint: _____
How often paint is applied/prepared: _____
How often is bottom cleaned: _____ Date of last keel fairing: _____

<u>Sail Inventory</u>	<u>Maker</u>	<u>Material</u>	<u>Weight</u>	<u>Age</u>
Mainsail	_____	_____	_____	_____
Genoa Lp%	_____	_____	_____	_____
Largest Spinnaker	_____	_____	_____	_____
Headstay/genoa luff system:	_____			

Describe any boat modifications:

Skipper's Racing Experience: _____ Typical Crew Size: _____

How many of your crew sail with you more than 50% of the time: _____

Number of races sailed annually: Weds. Evening : _____ Day Races _____

Overnight Races: _____ Distance Races: _____

(Include as many race results as possible with an analysis. Races in the 8 to 15 mile range are of particular interest)

Race Finish Position:

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: _____

(Answer as applicable)

List boats you feel you sail even with on a boat for boat basis:

List boats that beat you on corrected time, that you feel you should be beating or sailing equal to on corrected time:

List those boats whose handicaps you consider unfair:

Additional Comments:

Please sign this form and return it to the TYC PHRF Committee.

Date: _____

Appellant's Signature: _____