

SBCC PHRF HANDICAP APPEAL FORM

Name:
Street Address:
City, State, & Zip Code:
Telephone Number:
Appellant's E-mail address:
Appellant's Signature:

The below listed boat has not been modified since the date the handicap under appeal was last assigned, and that the appellant agrees to abide by the decision of the hearing committee for a period of no less than one year from the date of decision.

BOAT AND HANDICAP DATA

Boat Name:
Type/Class:
Manufacturer & Hull Date:
Sail Number:
Current Base Handicap Less Penalties/Credits:
Current Handicap with Penalties/Credits:

BOTTOM PREPARATION

When was the boat last hauled?
What type of bottom paint is applied?
How is the bottom paint applied?
How often is the bottom cleaned?
How is the bottom cleaned?

SAIL INVENTORY

Sail	Maker	Material Ozs.	Condition	Age (Months)
Main				
Genoa LP%=				
Jib				
Spinnaker				

SKIPPER AND CREW EXPERIENCE

of years of racing experience for the skipper/owner
of persons in the racing crew including skipper
of crew members racing with the skipper more than 50% of the time

RACES AND PERFORMANCE

Briefly describe the number and type of PHRF races sailed annually, such as Regattas, One-Design, Club (Use an additional page if necessary.)

RESULTS FOR THE LAST FIVE RACES WITH THE BEST FINISHES

	Race Name	# Starters	Your Position	Your Corrected Time	Worst Yacht's Corrected Time	Best Yacht's Corrected
1.						
2.						
3.						
4.						
5.						

How many races did you finish this last season? (Approx.) Two seasons ago?
What percentage of the time did you finish in the top third of your section?
What percentage of the time did you finish in the middle third of your section?
What percentage of the time did you finish in the bottom third of your section?

BOATS THAT REGULARLY BEAT THE APPELLANT'S BOAT ON CORRECTED TIME

	Class/Type	Handicap		Class/Type	Handicap		Class/Type	Handicap
1.			4.			7.		
2.			5.			8.		
3.			6.			9.		

BOATS BEAT OR SAILED EQUAL TO ON CORRECTED TIME

	Class/Type	Handicap		Class/Type	Handicap		Class/Type	Handicap
1.			4.			7.		
2.			5.			8.		
3.			6.			9.		

BOATS THE APPELLANT CONSIDERS INCORRECTLY HANDICAPPED

	Class/Type	Handicap		Class/Type	Handicap		Class/Type	Handicap
1.			4.			7.		
2.			5.			8.		
3.			6.			9.		

NOTE: The appellant may add in addition to this page and beginning with this page no more than five (5) double spaced typewritten pages of continued or other relevant information. For example, it might help the committee to know conditions under which the appellant typically races, especially weather, prevalent in your sailing area. Additionally, the courses sailed could be noted as well as the nature of the section breaks for intra-club or interclub competition.

OTHER RELEVANT INFORMATION:
