

**NORTHERN CALIFORNIA
PERFORMANCE HANDICAP RACING FLEET**
C/O YRA - 1070 Marina Village Parkway, Suite 202-G, Alameda, Ca 94501

RATING APPEAL FORM

RATING APPEAL FEE: Your rating - \$40.00 Others - \$55.00 (each)
(Checks should be made payable to: **Yacht Racing Association.**)

Yacht Under Appeal _____ Current rating _____
 Owner: _____ Proposed rating _____
 _____ Sail No. _____
 Appellant's Name: _____ Address: _____

Phone No. _____ Fax/E-Mail _____

Fill out all the following sections for your yacht even if you are appealing another yacht's rating.

Date of last haul out: _____ Type of bottom paint: _____
 How is bottom paint applied: _____
 How often is bottom cleaned: _____
 How is bottom cleaned: _____

<u>Sail Inventory</u>	<u>Material</u>	<u>Condition</u>	<u>Age (months)</u>
Main	_____	_____	_____
genoa LP % _____	_____	_____	_____
LP % _____	_____	_____	_____
LP % _____	_____	_____	_____
Spinnakers 1 _____	_____	_____	_____
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 time: _____

Races: List number and type of races sailed annually, such as Wednesday night, one-design, YRA Sanctioned races.

Race results: List race result data for the appealed yacht and your own in at least 5 races, including YRA sanctioned races

<u>Date</u>	<u>Race Name</u>	<u>Class/Div</u>	<u>Number Starters</u>	<u>Finish Position</u>	<u>+/- Sec/Mi. to be 1st in class</u>	<u>+/- Sec/Mi. to be 3rd in Class</u>	<u>Club</u>
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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: _____

<u>Competition</u>	<u>Class/length</u>	<u>Yacht Name</u>	<u>Owner</u>	<u>Current Rating</u>	<u>Suggested Rating</u>
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List those boats you feel sail with you on a boat-for-boat basis

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 recommend as being fair. (optional)

Please make any additional comments that you feel will help your appeal. (Attach additional sheets if necessary.)

Please sign and return this form to the YRA office. The appeal will be reviewed by the Handicap Committee at the next quarterly appeals meeting.

Date: _____ Appellant's Signature _____