



FWBC-PHRF Handicap Appeal Form

(Rev. June 2004)

This form is to be completed and submitted to the FWBC PHRF Handicap Committee (HC) for appeal of a performance handicap assigned to a boat by the HC. Before your appeal will be considered, a current PHRF Rating Form for your boat must be on file in the FWBC office.

APPELLANT/OWNER INFORMATION

(Name)

(Street Address)

(City, State, & Zip Code)

(Telephone Number: Home, Office, Cell)

(Telefax Number)

(E-mail address)

(Signature)

The above signature attests and acknowledges that all of the information relating to the FWBC-PHRF handicap appeal is correct and the appellant's 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 FWBC-PHRF Handicap Committee.

10000 BOAT CLUB ROAD-FORT WORTH, TEXAS 76179-PHONE 817-236-8393-FAX817-236-2800

MEMBER: UNITED STATES SAILING ASSOCIATION. TEXAS SAILING ASSOCIATION

APPELLANT'S BOAT & 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's last bottom job? _____

What type and how was the bottom paint applied? _____

How often and how is the bottom cleaned? _____

Is the boat drysailed (trailer, hydrohoist)? _____

SAIL INVENTORY

Sail	Sail Maker	Material	Ozs.	Condition	Age (months)
Main					
1 st Geoa LP%= _____					
2 nd Geoa LP%= _____					
3 rd Geoa LP%= _____					
1 st Spinnaker					
2 nd Spinnaker					
Other					
Other					

SKIPPER AND CREW EXPERIENCE

Number of years of racing experience for the skipper/owner _____

Number of persons in the racing crew including skipper _____

Number 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 FWBC series races & regattas, off-the-lake regattas, one-design, area championships. *(Use an additional page if necessary.)*

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RESULTS FOR THE LAST FIVE RACES WITH THE BEST FINISHES

Race Name	Class or Division	Number of Starters	Corrected Finish Position	+/- sec/mi to be in 1 st in class	+/- sec/mi to be in 3 rd in class	Sponsors

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 REGULARLY BEATING 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 THE APPELLANT 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.	

OTHER RELEVANT INFORMATION (if necessary)

NOTE: The appellant may provide no more than three (3) additional pages of continued or other relevant information that might help the HC evaluate the appeal (e.g., continued race & performance data, the types of fleets for intra- or inter-club races the appellant typically races in, additional rationale for the basis of the appeal and other relevant handicap data sources or rating certificates for the appellant's type of boat).