



**SOUTH SHORE
PERFORMANCE HANDICAP RACING FLEET**

PHRF-SS, LLC., P.O. Box 347021, Cleveland, OH 44134

HANDICAP APPEAL FORM

Please fill out the form as completely as possible with known information

Appellant's Name:	_____	Yacht Name:	_____
Yacht Model/Type	_____	Sail No:	_____
Owner Name:	_____	Yacht Club:	_____
Current Handicap:	_____	Suggested Handicap	_____
Headstay Luff System:	_____		_____
Years of Experience:	_____	Number normally in crew:	_____
How many crew sail more than 50% of the time	_____	Number of races sailed annually	_____

Number of races sailed annually:

Wed. Evening Type: _____ Day Races: _____ Overnight Races: _____ Distance Races: _____

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: _____

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

Model/Type	Yacht Name:	Owner	Current Handicap	Suggested Handicap
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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 handicap you consider unfair, and what handicap do you recommend as being fair (Optional):

Fill out the following even if appealing another yacht's handicap:

Type of bottom paint: _____

How often paint is applied/prepared: _____

How often is bottom cleaned: _____ Is keel faired: _____

MAINSAILS

Sail Maker	Material Weight	Age (yrs.)

HEADSAILS

Maker	Material Weight	Age (yrs.)	Percentage (LP%)

SPINNAKERS

Sail Maker	Material Weight	Age	Symmetric/Assymmetric

An appeal will not be accepted until results are available for at least the (10) Invitational Races or fifteen (15) club races in the year during which the appeal is made. No more than one appeal will be accepted per racing season.

Appellant's Comments:

Please sign this form and return it to your local fleet handicapper.

Appellant's Signature: _____

Date: _____

Fleet Handicapper Comments:

Fleet Handicapper Signature: _____

Date: _____