



**SOUTH SHORE
PERFORMANCE HANDICAP RACING FLEET**
PHRF-SS, LLC., P.O. Box 347021, Cleveland, OH 44134

HANDICAP APPLICATION

Please fill out the form as completely as possible with known information and then submit it to your local measurer for completion.

OWNER/BOAT INFORMATION:

OWNER NAME:	_____	BOAT NAME:	_____
ADDRESS:	_____	CITY/STATE/ZIP:	_____
PHONE:	_____	eMAIL:	_____
YACHT CLUB:	_____	BOAT MFG:	_____
BOAT MODEL:	_____	SAIL NUMBER:	_____
MEASURER:	_____	DATE:	_____

BASE MEASUREMENTS:

I=	ISP=	J=	JSP=	DESIGNER:	
SPL=	TPS=	P=	E=		
LOA=	LWL=	BM=	DFT=	DISP=	BAL=

MAINSAIL MEASUREMENTS:

MHB=	MUW=	MTW=	MHW=	MQW=	
P(max)=	E(max)=	MFG:		MFG DATE:	

LARGEST HEADSAIL MEASUREMENTS:

HHB:	HUW:	HTW:	HQW:	HLP:	FOOT:
HLU:	FOOT ROACH AT MID-FOOT:			MFG:	
%: []	FOOT ROACH < 0.02 * HLP			MFG DATE:	

SPINNAKER MEASUREMENTS (SYMMETRIC):

SHW:	SLU:	SLE:	SFL:		
SHW < (1.8 * (> OF J OR SPL))		SMW > (0.75*FOOT)			

SPINNAKER MEASUREMENTS (ASYMMETRIC):

SHW:	SLU:	SLE:	SFL:		
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NOTE: Sail measurements may be waived if the owner can produce signed and dated measurement forms from their sailmaker. These forms must be attached.

VARIABLES:

SPRIT SPL [] YES [] NO		IF YES, LENGTH:			
MAST	[] ALUM	[] CARB	[] MASTHEAD	[] FRACTIONAL	[] OTHER
SPEADERS	[] 1	[] 2	[] 3	[] MORE?	
ENGINE	[] INBOARD	[] OUTBOARD	[] SAIL DRIVE	[] EXPOSED SHAFT	
RUDDER	[] ATTACHED	[] SKEG	[] SPADE	[] OTHER	
PROP	[] FOLDING	[] FEATHERING	[] FIXED 2-BLADE	[] FIXED 3-BLADE	
	[] EXP STRUT	[] IN-APERATURE	[] SAIL DRIVE	[] FIXED 4-BLADE	
KEEL	[] FIN	[] FIN+BULB	[] FIN+WING	[] SHOAL	
KEEL MATERIAL: []		[] SHOAL+CB	[] SHAOL+WING	[] DAGGER BOARD	



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OWNER/MEASURER DECLARATION

OWNER DECLARATION: I certify that the boat presented is in the standard boat configuration as originally supplied by the manufacturer. Any alterations made are noted in the Observed Modification section. Except for those listed, I have not made, nor am I aware of any other modifications or alterations of any type, interior or exterior, that could potentially impact performance. I further agree that all sails, new or used, shall conform to the sail measurements as specified in the PHRF-SS Handicap and Rules Manual and the International Measurement System (IMS) rule concerning the design of sails. I understand that sails used in PHRF-SS must meet IMS requirements. Membership fee of \$25.00 U.S. MUST accompany this form to be processed along with a Class Measurement Certificate if an ODR rating is being requested.

By dated signature(s) on this declaration, I(we) acknowledge that all the activities of PHRF-SS Handicappers are undertaken by volunteers using their own time and funds for their efforts to assign handicaps. I(we) hereby waive, release, and cancel any and all claims I(we) may have against PHRF-SS Handicappers and its agents arising out of the functions and activities of PHRF-SS Handicappers and its agents. I (we) do further covenant and agree not to sue or bring claim of any nature whatsoever against PHRF-SS. Handicappers and all the persons acting on their behalf. I (we) also acknowledge that participation in the sport of sailing in competitive events is an inherently dangerous sport in which I (we) have chosen to engage in.

Signature _____

Date: _____