

SILVER GATE HANDICAP & PHRF FLEETS

SDCatA HANDICAP FLEET

REQUEST FOR RATING

Skipper's Name _____ Boat Name _____

Phone ## (____) _____ E-mail address _____

PHRF Certificate Available _____ (if yes, attach copy) DOC or CF Number _____

Buoy Rating _____ RLC Rating _____ OWC Rating _____ Non Spinnaker Offset _____

If no PHRF certificate is available, the committee will use a PHRF rating for your boat type as the rating basis. If such rating doesn't exist, an estimated rating based on contact with the manufacturer and other PHRF organizations will be utilized. The estimated rating is subject to adjustment based on performance until such time as a San Diego PHRF rating certificate is obtained.

BOAT DATA: Boat Manufacturer _____ Year Built _____
(J105, Cat30, Beneteau, etc.)

HULL SPECIFICATIONS:

LOA _____ LWL _____ Beam _____ Draft _____ Displacement _____

PROPULSION: Aux/Engine _____ Prop Type _____ ## of Blades _____
(O/B or I/B) (fixed, folding, feathering)

RIG and SAIL PLAN: Rig Type _____ Mast Type _____ Mast Size: _____
(Sloop, Ketch, etc.) (std or tall)

Sail ##: _____ Rolling Furling Main _____ Mainsail Fabric _____
(Y/N) (Dacron, Mylar, etc)

I _____ J _____ P _____ E _____ Headsail Size (% of LP) _____ Headsail LP (ft) _____

Rated Sail Area: _____ Rolling Furling Jib _____ Headsail Fabric _____
(Y/N) (Dacron, Mylar, etc)

Symmetrical Spinnaker: SMW: _____ SL: _____ Area: _____ Pole: _____

Asymmetrical Spinnaker: SLU: _____ SF _____ SLE _____ ASMG _____

Jc: _____ lc: _____ AREA _____ ASMW/SF _____

Sailing Experience _____ Racing Experience _____ Level _____
(years) (years) (PHRF, Club, etc)

Which fleet will you mainly race in: SGHF _____; PHRF _____ or SDCatA _____
(Y/N) (N/Y)

Signature _____ Date: _____

SGYC Members. Please give this form to the SGYC office or Fax to (858) 673-5613 or e-mail to josedgewick@att.net

SDCatA Members. Pleases fax to Jo Ann Sedgwick @ (858) 673-5613 or e-mail to josedgwick@att.net