



## AYC PHRF HANDICAP RATING APPLICATION

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Co-owner (If applicable): \_\_\_\_\_

Boat Type (Model & Length) \_\_\_\_\_

Year: \_\_\_\_\_ sail number: \_\_\_\_\_ Yacht Name: \_\_\_\_\_

Engine Type     Inboard         outboard,         None  
 Type of prop     fixed             folding,         feathering,     \_\_\_\_\_  
 Type of keel     fixed             Shoal             Wing             Swing  
                      Centerboard

Has your keel or rudder been modified in any way?     Yes             No

How? \_\_\_\_\_

Rig description  (masthead,         fractional,         tall Rig         Std Rig  
 Do you have:     bowsprit?         a penalty pole? Length \_\_\_\_\_  
 Largest Genoa?  110% or less     155%             170%             Other \_\_\_\_\_ %  
 Is your Spinnaker oversized?                             Yes \_\_\_\_\_ %     No  
 Do you have a fully battened mainsail?                 Yes                 No  
 Has your Hull or rig been modified?                     Yes                 No

If so, please explain \_\_\_\_\_

### Basic Measurements:

LOA	LWL	I	J	P	E	Draft	Disp

*I certify that the foregoing information is true and correct. I understand and agree it is my responsibility to notify the Handicap Committee of any change to this information.*

Owner signature: \_\_\_\_\_

Committee Use Only	
Base Rating: _____	CREDITS/PENALTIES _____ PHRF <input type="text"/>
Rating type: _____	By: _____ DATE: _____
Rating type: _____	By: _____ DATE: _____

*\*provisional ratings are temporary ratings until reviewed by the PHRF rating committee and are subject to immediate change to any appropriate rating upon review by the committee.*

Please return application to: Handicap Committee, Austin Yacht Club, 5906 Beacon Drive, Austin, Texas 78734.  
 Telephone: 512.266.1336 Fax 512.266.9804