DRYA PHRF Review Board
Handicap Rating Review form, Section 15.16

Submit this form and any supporting materials by Dec. 1 to:
Chief Handicapper, DRYA
23915 Jefferson, Suite 1, St. Clair Shores, MI 48080
Fax: (586) 778-1000 email: spiersdjam@aol.com & theDRYA@drya.org

Sail No:_____ Boat Name:_____ Design:_____

Owner/Skipper's Name:_____ Daytime Telephone No: ()_____

Address:_____ Evening Telephone No: ()_____

Date Submitted: _____ Owner/Skipper's email: _____

Submitted by: _____ Daytime Ph #_____ Email_____

Boat Data:

Boat Design:_____ Current Base Rating:_____ Current Race Rating:_____

Current Penalties and/or Credits:_____

Requested Base Rating:_____ Requested Race Rating:_____

Penalties from the DRYA Handbook Section 15.12 that should apply:_____

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Credits from Sect 15 that should apply:_____

Summarize reasons for rating request:_____

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Racing Data:

How many races & where did the boat under review participate in over the last two years?_____

How many races in the last two years did the boat finish in First?_____Second?_____Third?_____

How many did the boat finish last in its class in the last two years?_____

If the boat had the requested rating last two years, how would it have affected the boat's top 3 finishes?_____

_____

Identify the two local boats you feel closest in overall speed to the boat under review? Next fastest?_____
What rating does that boat have?_____Next slowest boat?_____What rating?_____

Experience of the Person Submitting:

How many years have you sailed?_____How many years & where have you raced?_____

What other types of boats have you raced, if any?_____

Describe your performance in other types of boats: _____

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Other: Describe any additional information you think is relevant and attach copies on any supporting material:_____

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