

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: cbihlmey@comcast.net & 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: _____

Credits from Sect 15 that should apply: _____

Summarize reasons for rating request: _____

