



RATING REVIEW

AYC PHRF HANDICAP RATING APPLICATION

Name: _____ Hm Phone: _____
 Address: _____ Wk Phone: _____
 City, State _____ E-Mail: _____
 Co-Owner (If Applicable): _____
 Boat Type: _____ Model/Length: _____
 Year: _____ Sail Number: _____ Yacht Name: _____

DESCRIPTION:

Type of engine (inboard, outboard, saildrive, etc.): _____
 Type of prop (fixed, folding, feathering, etc.): _____
 Type of keel (fixed, swing, keel, centerboard, shoal, etc.): _____
 Has your keel or rudder been modified in any way? _____
 If so, How? _____

Rig description (masthead, fractional, etc.): _____
 Do you have a tall or standard rig? _____
 Do you have a penalty pole? Y N _____
 What size is your largest genoa? (i.e. 170%, 155%, etc.) _____
 Do you have a fully battened mainsail? Y N _____
 Do you have a bowsprit? Y N if so, what length? _____
 Has your boat or rig been modified in any way from the stock configuration? Y N If so, please explain

Boat Measurements

LOA	LWL	I	J	P	E	DRAFT	DISPLACEMENT

Please provide any additional information you feel could assist this Committee in determining a fair rating for your boat:

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

Owner signature: _____ Date: _____

COMMITTEE USE ONLY

BASE RATING: _____ CREDITS/PENALTIES: _____
 ASSIGNED RATING: _____ BY: _____ DATE: _____
 *PROVISIONAL RATING: _____ 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