

Performance Handicap Racing Fleet Registration

Name _____

Address _____

Telephone _____ Work/Cell Telephone _____

Email Address _____

Boat Class _____ Sail Number _____

Boat Name _____ Hull Number _____

Keel Type _____ Mast: Standard ___ Tall ___ (Check one)

Spinnaker: Yes ___ No ___ If yes, percent of J _____

Spinnaker Pole Length _____ Whisker Pole Length _____

Headsail Size (Percent of J) _____ Class Main Yes ___ No _____

Engine Yes ___ No _____

Fee \$5.00

If SAIL Membership and annual membership to the SAIL Performance Handicap Racing Fleet is desired, a \$20.00 fee may be paid now and a SAIL Membership Registration Form may be submitted to the PHRF Representative. A 2009 PHRF Certificate Application must be submitted at : [http://csyc.org/PHRF form.htm](http://csyc.org/PHRF_form.htm).

I certify that the above information is accurate and that no alterations have been made to this boat other than those declared.

Signed _____ Date _____

Regatta Limited Performance Handicap Racing Fleet Member and Rating Certificate

Event Name _____

Competitor's Name _____

Boat Class _____ Sail Number _____

Boat Name _____ Hull Number _____

Keel Type _____ Mast: Standard ___ Tall ___ (Check one)

Spinnaker: Yes ___ No ___ If yes, percent of J _____

Spinnaker Pole Length _____ Whisker Pole Length _____

Headsail Size (Percent of J) _____ Class Main Yes ___ No _____

Engine Yes ___ No _____

This Certificate is valid for the duration of the Event listed at the top of this page and may not be used for any other regatta or club sailing event.

Certified PHRF Handicap Representative _____

Printed Name

Signature _____ Date _____

SAIL PHRF Rating _____

Date Expires _____