

PHRF-NB

PERFORMANCE HANDICAP RACING FLEET OF NARRAGANSETT BAY

Office Use Only

P.O. Box 73, Bristol, R.I. 02809-0073
Phone (401) 253-0207 FAX (401) 254-1495

2003 PHRF-NB MEMBERSHIP/RATING CERTIFICATE

This certificate expires on April 30, 2004, or upon change of ownership, whichever comes first.
A copy of this rating may be obtained by anyone for a handling fee of \$4.00.

RATINGS
Office Use Only

Spinnaker

Non-Spinnaker

ADMINISTRATIVE DATA

Name:		
Street:		
City:	State:	Zip:

BOAT MEASUREMENTS

E:	LOA:
J:	LWL:
P:	Draft:
E:	Beam:
SPL:	Disp:
ISP:	Keel Wt:
Fractional <input type="checkbox"/>	Masthead <input type="checkbox"/>
Rig Type:	Keel Mat'l:
	Other Ballast:

VARIABLES

Engine	Propeller Type	Centerboard <input type="checkbox"/>
No Power <input type="checkbox"/>	# of Blades:	Daggerboard <input type="checkbox"/>
Outboard <input type="checkbox"/>	Folding <input type="checkbox"/>	Elliptical Keel <input type="checkbox"/>
Inboard <input type="checkbox"/>	Feathering <input type="checkbox"/>	Rudder
Propeller Inst.	Solid Prop <input type="checkbox"/>	Keel Attached <input type="checkbox"/>
Aperture <input type="checkbox"/>	Keel	Skeg Rudder <input type="checkbox"/>
Exposed Shaft <input type="checkbox"/>	Fin Keel <input type="checkbox"/>	Spade Rudder <input type="checkbox"/>
Sail Drive <input type="checkbox"/>	Full Keel <input type="checkbox"/>	Elliptical Rudder <input type="checkbox"/>
Thru Keel <input type="checkbox"/>	Winged Keel <input type="checkbox"/>	Outboard Rudder <input type="checkbox"/>

Comments/Modifications

Home Phone:	Business
Yacht Name:	
Yacht Club:	
Model:	Sail #:
Hull Serial #:	Date Mfd.:
Other Ratings:	IMS: Date Last Rated:

Headsail to be used
LP%

Spinnakers to be used
Weight (Sym) / Sail Area (Asym)

Headsail #1	Headsail #2
Headsail #3	Headsail #4

Spinnaker #1	Spinnaker #2
Spinnaker #3	

Roller Furling Credi

Cruising Headsail Credit

Check if there have been any new modifications

If yes, a complete description, including any IMS or IOR penalties must be provided in the Comments/Modifications section or attached on a separate sheet.

I certify the information contained in this application has been verified by me and is correct. Further, it is my responsibility to notify the PHRF committee of changes to this yacht which affect measurements, handicap adjustments, or would alter it from a base boat as defined in the instructions. I agree to abide by the By-laws of PHRF-NB, and understand PHRF-NB does not evaluate, assess, or rate the sea-worthiness of my yacht, which is solely my responsibility. In addition, as a condition of, and in consideration for, issuing a rating, I as owner and applicant, hereby agree to hold PHRF-NB, its directors, officers, and members free from any liability, economic or otherwise, resulting from any decisions and/or

Owner/Master

Signature/Date _____

New Certificate \$35.00

Renewal \$25.00

Committee Use Only

Base Rating	
Non-Spinnaker Adjustmen	
Genoa Adjustment	Furling Adjustment
Mainsail Adjustment	Prop. Adjustment
Spin Pole Adjustment	Misc. Adjustment
Mast Adjustment	

Committee Signature/Date