

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

RATINGS
Office Use Only

Spinnaker

Non-Spinnaker

2005 PHRF-NB MEMBERSHIP/RATING CERTIFICATE

This certificate expires on April 30, 2006, 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.

ADMINISTRATIVE DATA

Name:		
Street:		
City:	State:	Zip:

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

BOAT MEASUREMENTS

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

Headsail to be used LP%	Spinnakers to be used Weight (Sym) / Sail Area (Asyn)																
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>Headsail #1</td> <td>Headsail #2</td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td>Headsail #3</td> <td>Headsail #4</td> </tr> <tr> <td> </td> <td> </td> </tr> </table>	Headsail #1	Headsail #2			Headsail #3	Headsail #4			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>Spinnaker #1</td> <td>Spinnaker #2</td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td colspan="2" style="text-align: center;">Spinnaker #3</td> </tr> <tr> <td colspan="2"> </td> </tr> </table>	Spinnaker #1	Spinnaker #2			Spinnaker #3			
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Headsail #3	Headsail #4																
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Spinnaker #3																	
Roller Furling Credit <input type="checkbox"/>	Cruising Headsail Credit <input type="checkbox"/>																

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.

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"/>

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 the assignment of any rating it issues.

Owner/Master
Signature/Date _____

<input type="checkbox"/> New Certificate \$35.00	<input type="checkbox"/> Renewal \$30.00
<input type="checkbox"/> Certificate Mod \$10.00	

Committee Use Only

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

Committee Signature/Date

Comments/Modifications