

LNKC Board of Handicappers Rating Appeal

RATING APPEAL of (Name of Boat Under Appeal):

Owner of Above Boat:	Class/Length:
Current Valid Rating:	Suggested Rating:

All the following sections will be filled out by the person appealing the rating of the boat above, even if you are appealing another boat's rating. Include all information pertaining to your boat.

Appellant's Name:

Street:	City:	State:	Zip:
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Home Phone:	Office Phone:	Email Address:
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Class/Length of appellant's boat:

Date of last haul out:	Type of bottom paint:
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How often is bottom cleaned?	How is bottom paint applied?
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How is the bottom cleaned?

Sail Inventory	Sailmaker	Material	Oz.	Condition	Age(months)
Mainsail					
Genoa, LP%					
Genoa, LP%					
Genoa, LP%					
Spinnaker #1					
Spinnaker #2					
Others (list)					

CREW:	How many years of racing experience for skipper?
	How many normally in your crew including skipper?
	How many crew members sail with you more than 50% of the time?

TYPES of RACES SAILED:	Informal (LN Sail Club)	Wed. Nite	Open Events	Lakewide Events	Club Events	Regional Events	National/Int'l Events
No. Sailed Annually							

Submit completed form to: LNKC Board of Handicappers
 c/o Pete Marriott
 512 Heathermoor Court
 Charlotte, NC 28209
marriottpete@gmail.com

RACE RESULTS: List race results for at least five Lakewide races.							
Date	Race name	Class Division	Number starters	Correct'd Fin. Pos.	+/- sec/mi. to be 1 st in class	+/- sec/mi. to be 3 rd in class	Host Club

RACE FINISH POSITION:	What percentage of time do you finish in top third?	
	What percentage of time do you finish in middle third?	
	What percentage of time do you finish in bottom third?	

COMPETITION: List those boats you feel sail with you on a boat to boat basis.				
Class/Length:	Boat Name	Owner	Current Rating	Suggested Rating

COMPETITION: List those boats with ratings you consider unfair and the rating you recommend as being fair. (Optional)				
Class/Length:	Boat Name	Owner	Current Rating	Suggested Rating

Please attach any additional comments that you feel will help your appeal. Use additional sheets as necessary, maximum of 2 pages. Please sign and date this form and return to R.A. Rowan, Chief Handicapper, 8016 Hinsdale Lane, Denver, NC 28037. The appeal will be reviewed by the Board of Handicappers at the next regular meeting.

Appellant's Signature: _____ Date: _____

DETERMINATION (for handicappers use only)	
Handicapper's Signature: _____	Date: _____