

LNKC PHRF Rating Request

(___ New Rating) (___ Rating Renewal or Sail/Equipment change for Certificate No. ___)

Owners Name _____ Phone: Primary _____ Secondary _____

Street Address _____ Email _____

City, State, Zip _____ Club Affiliation _____

Boat Name _____ Sail No. _____ Hull No. _____

Boat Class/Model _____ Builder _____ Model Year _____

Provide boat and sail measurements in feet to two decimal places. (example: 12.33' rather than 12' 4")

LOA _____ LWL _____ Beam _____ Draft _____ Displacement _____ Ballast _____

Keel: Fin ___ Full ___ Deep ___ Bulb ___ Wing ___ Shoal ___ Ctrbd ___ Swing ___ Drop ___ Other _____

Auxiliary Power: OB ___ IB ___ Sail drive ___ Prop: Folding ___ Feathering ___ Fixed Prop with 2 ___ or 3 ___ blades

Rig: Masthead ___ Fractional % ___ Mast: Standard ___ Tall ___ Short ___ Modified _____

I _____ J _____ P _____ E _____ SPL _____ SH _____ BS _____ AH _____

Largest jib/genoa LP _____ LP % of J _____ % Two masted boats only: P2 _____ E2 _____

Roller furling drum: Installed above deck _____ Installed at or below deck level _____

Roller furling headsail with leech and foot cover of UV protective woven material: 4 – 6 oz/yd² _____ >6oz/yd² _____

Spinnaker: Symmetric ___ Asymmetric ___ Both Symmetric & Asymmetric ___ None _____

Symmetric spinnaker (record max girth and luff of largest symmetric spinnaker): G _____ SL _____

Asymmetric spinnaker (for largest asymmetric spinnaker): ALU _____ ALE _____ AMG _____ AF _____

Sail with mid girth between 50% and 75% of foot: Luff _____ Leech _____ Mid girth _____ Foot _____

Sail measurements were obtained: By measurement _____ From sail maker _____

Please describe any hull, rig, interior and other modifications made to this boat: _____

I hereby certify that the above information given is correct and in compliance with the Standard Sail and Equipment Specifications. I understand that if I knowingly falsify information, it could result in loss of my current PHRF Certificate. If any of the above measurements should change, I will notify the Board of Handicappers (BOH), in writing, as soon as possible. I understand that the above information may, upon request, be checked at any time by a BOH representative.

Signed _____ Date _____

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