

PHRF OF E.L.I.

THE PERFORMANCE HANDICAP RACING FLEET OF EASTERN LONG ISLAND

2020 RATING CERTIFICATE

THIS CERTIFICATE EXPIRES ON APRIL 30, 2021 OR UPON A CHANGE OF OWNERSHIP, WHICHEVER OCCURS FIRST.

YACHT NAME	MFG DATE	HULL #	SAIL #

MAKE / MODEL	DESIGNER

OWNER OR MASTER

MAILING ADDRESS

CITY	STATE	ZIP

PHONE(S)	E-MAIL ADDRESS

I UNDERSTAND THAT IT IS MY RESPONSIBILITY TO NOTIFY THE HANDICAPPER OF CHANGES TO THIS YACHT WHICH WOULD AFFECT MEASUREMENT POINTS, HANDICAP ADJUSTMENTS OR WOULD ALTER HER FROM A STANDARD BOAT.

I CERTIFY THE INFORMATION CONTAINED HEREIN TO BE ACCURATE.

OWNER SIGNATURE	DATE

FOR HANDICAPPER USE ONLY

CLASS			
T.C.F.			
OWNER	STND CLASS	BASE	

SA/D	B/L	JC	C	M/G	G/JS

ADJUSTMENTS	FACTOR	SEC/MILE
BASE LP		
JAD		
JCF		
SPIN		
NON-SPIN		
ROLLER FURLING		
PROP		
MIN HP		
MISC		

SIGNATURE OF HANDICAPPER	DATE

YACHT MEASUREMENT DATA

IF METRIC

LOA	DISPL	I	ISP
LWL	BALLAST	J	
BEAM	MATERIAL	P	PY
DRAFT		E	EY

LARGEST JIB	SYMMETRIC SPINNAKER	ASYMMETRICAL SPINNAKER
%	G	BSPL
OR LP	MSL	ALE
WPL	SPL	AMG
		ALU
		ASF
		ASYM FLOWN FROM SPRIT OR POLE (Y/N)

KEEL	RIG TYPE	RUDDER	MODIFICATIONS
FULL <input type="checkbox"/>	<input type="checkbox"/> MASTHEAD	<input type="checkbox"/> ATTACHED	HAVE HULL, RIG OR APPENDAGES EVER BEEN MODIFIED OR INTERIOR ACCOMMODATIONS REMOVED? IF SO, PLEASE EXPLAIN:
FIN <input type="checkbox"/>	<input type="checkbox"/> FRACTIONAL	<input type="checkbox"/> SKEG	
WING <input type="checkbox"/>	<input type="checkbox"/> OTHER	<input type="checkbox"/> SPADE	
CENTERBOARD <input type="checkbox"/>	<input type="checkbox"/> DACRON W/	<input type="checkbox"/> TRANSOM	
OTHER _____			

ENGINE	PROP INSTALL	PROP TYPE
INBOARD <input type="checkbox"/>	<input type="checkbox"/> APERTURE	<input type="checkbox"/> FOLD/FEATH
OUTBOARD <input type="checkbox"/>	<input type="checkbox"/> EXP SHAFT	<input type="checkbox"/> SOLID
OUTBOARD H.P. _____	<input type="checkbox"/> SAILDRIVE	NO. BLADES _____
NONE ABOARD <input type="checkbox"/>		