

# PHRF-NB

## PERFORMANCE HANDICAP RACING FLEET OF NARRAGANSETT BAY

Office Use Only

P.O. Box 356, Washington, NC 27889  
Phone (401) 253-0207 FAX (401) 369-9319

### 2011 PHRF-NB MEMBERSHIP/RATING CERTIFICATE

#### RATINGS

Office Use Only

This certificate expires on April 30, 2012, 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

<b>Name:</b>		
<b>Street:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip:</b>

External Mail Opt-Out

Spinnaker

Non-Spinnaker

### BOAT MEASUREMENTS

<b>I:</b>	<b>J:</b>	<b>LOA:</b>
<b>P:</b>	<b>E:</b>	<b>LWL:</b>
<b>ISP:</b>	<b>SPL:</b>	<b>Draft:</b>
<b>WSS:</b>	<b>Beam:</b>	
<b>Fractional</b> <input type="checkbox"/>	<b>Masthead</b> <input type="checkbox"/>	<b>Disp:</b>
<b>Rig Type:</b>		<b>Keel Wt:</b>
<b>Composite Rigging</b> <input type="checkbox"/>		<b>Keel Mat'l:</b>
<b>Symmetric Spinnaker (s)</b> <input type="checkbox"/>		<b>Other Ballast</b>
<b>Asymmetric Spinnaker (s)</b> <input type="checkbox"/>		

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

Headsail to be used

LP%

Spinnakers to be used

Feet

Headsail1	Spin #	JC	SMG	Foot	Luff	Leach
Headsail2	Spin #1					
Headsail3	Spin #2					
Headsail4	Spin #3					
	Code 0					

### Asymmetric Spinnaker Tacked To:

<b>Articulating Pole at Mast</b> <input type="checkbox"/>	<b>Fixed Pole To Mast and Bow</b> <input type="checkbox"/>
<b>Bow</b> <input type="checkbox"/>	<b>Distance Fwd of Headstay:</b>
<b>Retractable Bow Sprit</b> <input type="checkbox"/>	<b>Fixed Bow Sprit</b> <input type="checkbox"/>
<b>Articulating Bow Sprit</b> <input type="checkbox"/>	

Roller Furling Credit

Cruising Headsail Credit

Check if there have been any new modifications

If yes, a complete description 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 the assignment of any rating it issues.

### VARIABLES

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

Owner/Master

Signature/Date \_\_\_\_\_

New Certificate \$35.00

Renewal \$30.00

Certificate Mod \$10.00

#### Committee Use Only

<b>Base Rating</b>		<b>Non-Spinnaker Adj</b>	
<b>Genoa Spin Adj</b>		<b>Genoa Non Spin Adj</b>	
<b>Mainsail Adjustment</b>		<b>Furling Adjustment</b>	
<b>Prop. Adjustment</b>		<b>Spin Pole Adjustment</b>	
<b>Mast Adjustment</b>		<b>Misc. Adjustment</b>	
<b>Total Spin Adj</b>		<b>Total Non Spin Adj</b>	

Revision No:

Date of Revision:

Committee Signature/Date
--------------------------

Comments/Modifications