

BC SAILING
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PHRF BC HANDICAP APPEAL FORM

APPELLANT INFORMATION:

NAME: _____ YACHT CLUB: _____

PHONE: _____ email: _____

Appellant's yacht:

Name: _____ Type: _____ Sail #: _____

Current base boat rating: _____

HANDICAP APPEAL INFORMATION:

Yacht being appealed:

Name: _____ Type: _____ Sail #: _____

Current base boat rating: _____

REASON FOR APPEAL:

Please provide a succinct outline of the reason for this appeal. Forward the completed Appeal Form to the BC Sailing Offices accompanied by a copy of your current PHRFBC Certificate, any supporting documentation including a list of owners who support your appeal, and a complete list of race results for the relevant season.

Appellant's signature

Date