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S.A.I.L. PHRF Rating Appeal Process & Form

INTRODUCTION

This document describes a process for appeal of a performance handicap assigned by a local or regional PHRF authority recognized by USPHRF. It provides information for appeal and instructions for filing the appeal. Appeals are of two kinds:

1. An owner may appeal the handicap assigned to their boat.
2. An owner may appeal the handicap assigned to a competitor's boat.

Attached to this document is a form to be completed and submitted to the S.A. PHRF Appeal Committee thereby initiating the appeal process. Bob Malouf is committee chairperson, and may be reached via Phone (303-____-____) or via _____, _____, _____ . E-mail may be sent to [Bob Malouf](#)

CONDITIONS FOR HEARING AN APPEAL OF A HANDICAP ASSIGNED BY S.A.I.L. PHRF

1. The appellant is a current member of the Sailing Association of Intermountain Lakes Performance Handicap Racing Fleet.
2. The appellant attests that the handicap under appeal is current.
3. Hull, rig, and sail dimensions are unchanged since assignment of the present handicap.
4. All parties to the appeal, by their dated signatures, agree to abide by the decision resulting from the appeal hearing for no less than one year.
5. When the handicap assigned to one's own boat is appealed, the appellant must submit:
 - A copy of the current and valid PHRF certificate;
 - A copy of the appeal document;
6. When the handicap assigned to a competitor's boat is

PHRF Appeal Form

appealed, the appellant must submit:

- Two copies of the current and valid PHRF certificate of the boat in question;
- Two copies of the appeal document;

ADDITIONAL INSTRUCTIONS FOR COMPLETING APPEAL DOCUMENTS

Appellants must furnish all requested information using the following form. No than five (5) pages of additional information may be attached to the appeal for the case where the appellant initiates the appeal process to change the handicaps of a competitor's boat and its sisterships, the form must be filed concerning the appellant's boat only. Additional pages should include a clear statement of the reasons for the appeal of a competitor's handicap. This form and any additional pages of information comprise the appeal document. Incomplete information or failure to meet the conditions for appeal or to follow any of these instructions will result in the rejection of the documents to the appellant. The appeal may be re-filed when all conditions are met.

ACCEPTANCE OF APPEAL DOCUMENTS

The S.A.I.L. PHRF Appeal Committee Chairperson will accept the appeal and the appellant when all conditions for an appeal are met. The Chairperson will initiate the appeal process by appointing an Appeal Hearing Committee comprising no more than three local handicappers.

APPEAL HEARING COMMITTEE PROCEDURES

Upon acceptance of the appeal, copies of all documents relevant to the appeal are sent via email to the Appeal Hearing Committee members and all interested parties. Appeal Hearing Committee members and all interested parties have one week to comment on the appeal and respond back to the chairperson. A consolidated document of the original appeal and all comments will be sent to the committee members. The committee members will then vote on the appeal via email and report to the committee chairperson. The appellant will be allowed one opportunity for rebuttal. The rebuttal will be sent to all committee members for another vote. At the time all parties to the appeal are notified of the decision and that no further communications regarding the appeal will be acknowledged for one year from the date of the decision.

ACKNOWLEDGMENT AND AGREEMENT

Each party to the appeal, by their dated signatures affixed on the appeal form, acknowledges that:

1. All of the information relating the appeal to S.A.I.L. PHRF for a change in assigned handicap has been read and understood.
2. The boat for which the handicap is being appealed has not been modified since the date the handicap under appeal was initially assigned.

Furthermore, by their dated signatures, each party to the appeal agrees to abide by the decision of the Appeal Hearing Committee for a period of no less than one year from the date of decision.

S.A.I.L. PHRF HANDICAP APPEAL FORM

Appellant's Name:

Appellant's Street Address:

Appellant's City, State, & Zip Code:

Appellant's Telephone Number:

Appellant's Fax Number:

Appellant's E-mail address

:

Appellant's Signature:

The above signature attests and acknowledges that all of the information relating to the S.A.I.L. PHRF appeal process has been read and understood, the appellant has not been modified since the date the handicap under appeal was last assigned, and that the appellant agrees to abide by the decision of the hearing committee for a period of no less than one year from the date of decision.

BOAT AND HANDICAP DATA

Boat Name:

Type/Class:

Manufacturer & Hull Date:

Sail Number:

Current Base Handicap Less Penalties/Credits:

Current Handicap with Penalties/Credits:

BOTTOM PREPARATION

When was the boat last hauled?

What type of bottom paint is applied?

How is the bottom paint applied?

How often is the bottom cleaned?

How is the bottom cleaned?

SAIL INVENTORY

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Sail	Maker	Material Ozs.	Condition	Age (Mon
Main				
Genoa LP%=				
Jib				
Spinnaker				

SKIPPER AND CREW EXPERIENCE

of years of racing experience for the skipper/owner _____

of persons in the racing crew including skipper _____

of crew members racing with the skipper more than 50% of the time _____

RACES AND PERFORMANCE

Briefly describe the number and type of PHRF races sailed annually, such as Regattas, One-Design, Club (Use an additional page if necessary.)

RESULTS FOR THE LAST FIVE RACES WITH THE BEST FINISHES

Race Name	# Starters	Your Position	Your Corrected	Worst Yacht's Corrected	Best Yacht's Corrected

How many races did you finish this last season? (Approx.) Two seasons ago _____

What percentage of the time did you finish in the top third of your section? _____

What percentage of the time did you finish in the middle third of your section? _____

What percentage of the time did you finish in the bottom third of your section? _____

BOATS THAT REGULARLY BEAT THE APPELLANT'S BOAT ON CORRECTED TIME

Class/Type Handicap Class/Type Handicap Class/Type Handicap

1 _____ 4 _____ 7 _____

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2 _____ 5 _____ 8 _____

3 _____ 6 _____ 9 _____

BOATS BEAT OR SAILED EQUAL TO ON CORRECTED TIME

Class/Type Handicap Class/Type Handicap Class/Type Handicap

1 _____ 4 _____ 7 _____

2 _____ 5 _____ 8 _____

3 _____ 6 _____ 9 _____

BOATS THE APPELLANT CONSIDERS INCORRECTLY HANDICAPPED

Class/Type Handicap Class/Type Handicap Class/Type Handicap

1 _____ 4 _____ 7 _____

2 _____ 5 _____ 8 _____

3 _____ 6 _____ 9 _____

NOTE: The appellant may add in addition to this page and beginning with this no more than five (5) double spaced typewritten pages of continued or other relevant information. For example, it might help the Council to know conditions under which the appellant typically races, especially weather, prevalent in your sailing area. Additionally, the courses sailed could be noted as well as the nature of the series breaks for intraclub or interclub competition.

OTHER RELEVANT INFORMATION:

Complete & mail the appeal form to:
Bob Malouf, 2777 Kendall Street, Edgewater, CO 80214
E-mail: RLMPELLC@aol.com

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