EXHIBIT B

**MIDWEST PERFORMANCE HANDICAP RACING FLEET (MWPHRF)**

**HANDICAP APPEAL DATA FORM**

PLEASE SUPPLY All INFORMATION REQUESTED BELOW:

|  |  |
| --- | --- |
| **Appellant’s First Name** |  |
| **Appellant’s Last Name** |  |
| **Appellant’s Full Address** |  |
| **Appellant’s email Address** |  |

**Appellant’s Boat and Handicap Information:**

|  |  |
| --- | --- |
| **Boat Name** |  |
| **Current MWPHRF Cert. No.** |  |

Attach the current MWPHRF Certificate and all current IRC, ORR and ORC Measurement Rating Certificates for Appellant’s boat.

If you are appealing a competitor’s handicap attach that competitor’s current MWPHRF Certificate and all current IRC, ORR and ORC Measurement Rating Certificates for the competitor’s boat.

**Appellant’s Sail Inventory**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **SAIL** | **Sail Maker** | **Material** | **Condition** | **Age (yr)** |
| Main |  |  |  |  |
| 1st Genoa/Jib LP\_\_%\_\_ |  |  |  |  |
| 2d Genoa/Jib LP\_\_%\_\_ |  |  |  |  |
| 3d Genoa/Jib LP\_\_%\_\_ |  |  |  |  |
| Jib Top |  |  |  |  |
| Symmetrical Spin–S1 |  |  |  |  |
| Symmetrical Spin–S2 |  |  |  |  |
| Symmetrical Spin–S3 |  |  |  |  |
| Asymmetrical Spin-A1 |  |  |  |  |
| Asymmetrical Spin-A2 |  |  |  |  |
| Asymmetrical Spin-A3 |  |  |  |  |
| Asymmetrical Spin-A4 |  |  |  |  |
| Asymm. Spin-A5 frac (if main chutes are MH) |  |  |  |  |
| Asymm. Spin-A6 frac (if main chutes are MH) |  |  |  |  |
| Asymmetrical Spin-Code 0 |  |  |  |  |
| Large Roach Headsail |  |  |  |  |
| Spinnaker Staysail |  |  |  |  |
| Upwind Staysail |  |  |  |  |
| Other |  |  |  |  |
| Other |  |  |  |  |

 How is your symmetrical spinnaker set? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 How is your asymmetrical spinnaker set? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Do you race only with a roller furled genoa/jib? Y:\_\_\_\_; N:\_\_\_\_

If yes, state whether the furler is above or below the deck. \_\_\_\_\_\_\_.

 Do you race only with a furling mainsail? Y:\_\_\_\_; N:\_\_\_\_

If yes, state whether it’s furled in the mast or boom. \_\_\_\_\_\_\_

**Boat Bottom Preparation for Racing**

 When was the boat last hauled? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 What type of bottom treatment is applied? \_\_\_\_\_\_\_\_\_\_\_\_\_

 How was the bottom treatment applied? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 How often is the bottom cleaned? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 How is the bottom cleaned? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Racing**

 Indicate the course types you have raced on the last two racing seasons:

|  |  |
| --- | --- |
| **COURSE TYPE** | **NUMBER OF RACES** |
| Olympic Triangle |  |
| W/L |  |
| Distance |  |
| Shorthanded |  |
| Casual/Beer Can |  |
| Regional or National Championship |  |
| One Design |  |

Overall, in what percentage of your races in the last two seasons did you finish:

(a) in the top third of your section? \_\_\_\_\_

(b) in the middle third of your section? \_\_\_\_

(c) in the bottom third of your section? \_\_\_\_\_

Identify the boats that regularly finish near you:

|  |  |  |  |
| --- | --- | --- | --- |
| **Class/Type** | **Sail Number** | **Boat Name** | **Handicap** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Identify the boats that are nearly equal to your boat:

|  |  |  |  |
| --- | --- | --- | --- |
| **Class/Type** | **Sail Number** | **Boat Name** | **Handicap** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Provide your race results for the last two racing seasons using the spreadsheet (with instructions) available by request from mwphrf@mwphrf.org.

Attach or supply any other relevant information you wish to have considered on appeal.