EXHIBIT A

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

**NOTICE OF APPEAL FORM**

 Appellant appeals the MWPHRF Certificate of Handicap identified below. Appellant represents that it first sought a Rating Inquiry for the Certificate of Handicap being appealed and attaches the MWPHRF Chief Handicapper’s Written Response to that Rating Inquiry. Appellant further represents that it has submitted all the information and data called for under paragraph 1 of the MWPHRF Procedures for Appealing a MWPHRF Handicap. *Failure to submit to the Executive Director a fully completed Notice of Appeal together with all of its required attachments within the time allowed for doing so under the MWPHRF Procedures for Appealing a MWPHRF Handicap may result in the rejection of the Appeal*.

1. State the date you emailed this Notice of Appeal to the MWPHRF Executive Director at mwphrf@mwphrf.org: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. State:

Appellant’s Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Appellant’s Full Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Appellant’s Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Appellant’s Business Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Appellant’s Mobile Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Appellant’s Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Attach Appellant’s current MWPHRF Certificate of Handicap.
2. Attach the MWPHRF Certificate of Handicap being appealed if Appellant appeals a Certificate other than Appellant’s current Certificate.
3. State the date of the Chief Handicapper’s Written Response to your Rating Inquiry and attach a copy of that written response. Date of Written Response: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Attach a written statement not longer than 300 words summarizing the reasons why Appellant is appealing and stating the relief Appellant seeks on appeal.
5. Attach a fully completed Handicap Appeal Data Form using the form attached as Exhibit B to the MWPHRF Procedures for Appealing a Handicap.
6. Attach to or submit with this Notice of Appeal all other documentation or race data Appellant wishes to be considered in its appeal.
7. State whether the hull (including all appendages), rig and sail dimensions of Appellant’s sailboat has been changed in any way since the date of Appellant’s current Certificate. Y: \_\_\_\_ N: \_\_\_\_\_.

If the Answer is “Yes,” attach a description of each and every such change.

*Please note if Appellant’s Answer is “Yes,” Appellant’s Appeal may be rejected*.

1. State whether the appealed Certificate was the subject of an appeal decided less than two years before the date the Notice of Appeal is emailed to the Executive Director. Y: \_\_\_\_ N: \_\_\_\_\_.

*Please note if Appellant’s Answer is “Yes,” Appellant’s Appeal may be rejected*.

1. Attach a copy of the PayPal confirmation that Appellant paid the entire Appeal Fee to the Executive Director on or before the date of this Notice of Appeal.
2. Appellant agrees to abide all MWPHRF Appeal Procedures. Appellant agrees to abide by the decision of the MWPHRF’s Council of Handicappers unless Appellant timely seeks reconsideration of that decision. In that case, Appellant agrees to abide by the decision on reconsideration unless Appellant timely appeals that decision to the United States Handicap Racing Fleet (USPHRF) in accordance with the USPHRF Appeals Subcommittee’s Rules and Procedures.

Y: \_\_\_\_ N: \_\_\_\_.

*Please note if Appellant’s Answer is No,” or if Appellant does not answer, Appellant’s Appeal may be rejected.*

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_