

**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