

WEST FLORIDA PHRF, INC

CRUISING FLEET APPLICATION

OFFICE USE ONLY
ID: _____
REC'D _____

NAME, LAST: _____

FIRST _____

BOAT NAME: _____

SAIL# _____

If you do not have a regular WFPHRF Rating Certificate you must apply for one along with this application.

Sails - Material & Age

	Main	Age	
			MONTH - YEAR

"Month / Year" purchased, if used approximate age. "U/5yrs"
Sails less than 4 years old: -3 sec/nm

MATERIAL

	Dacron - Base Line
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	Laminate with woven: (-3 sec/nm) _____
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	Laminate Non-woven (-6 sec/nm) _____
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	Jib	Age	
			MONTH - YEAR

List only your largest Jib. "Month / Year" purchased, if used approximate age.
Sails less than 4 years old: -3 sec/nm

MATERIAL

	Dacron - Base Line
--	--------------------

	Laminate with woven: (-3 sec/nm) _____
--	--

	Laminate Non-woven (-6 sec/nm) _____
--	--------------------------------------

0 Cruising Canvas

	Bimini, always deployed +3sec/nm
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	Bimini, occasionally used +1sec/nm
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	Dodger always deployed +1sec/nm
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	Other - _____
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BULK ALLOWANCE - maximum 15 sec/nm

Required Equipment +3 sec/nm plus 2nd anchor

Y/N

	Functioning galley with stove, cookware, eating utensils, etc
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	Full interior with cushions, bedding, lighting, towels, etc
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	Hard wired VHF Radio installed with external antenna
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	Minimum 6' Head Room (not required for Pocket Cruisers)
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	Jib: ___ Hank-on or ___ Roller Furling system used as designed with attached suncover
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	Main: ___ Slugs/Slides or Roller Furling ___ in Mast ___ in Boom
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	Anchor on Bow: Type _____ Chain _____ Rode _____ WEIGHT & STYLE (25# PLOW) length & desc. (20' 7/16) length & desc. (200' 3/8')
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	2nd Anchor: Type _____ Chain _____ Rode _____ (not required for Pocket Cruiser) Stowed: _____ At Bow (2 to 4), _____ other (1 to 2)
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NAME, LAST:

FIRST

Other Equipment

<input type="checkbox"/>	Dinghy	<input type="checkbox"/>	On Davits (4)	<input type="checkbox"/>	On Deck (2)	<input type="checkbox"/>	Stored Below (1)
<input type="checkbox"/>	Outboard	<input type="checkbox"/>	On Stern Pulpit (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other (1)
<input type="checkbox"/>	Liferaft	<input type="checkbox"/>	Canister on Deck (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other (1)
<input type="checkbox"/>	Radar	<input type="checkbox"/>	Above Spreaders (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other (1)
<input type="checkbox"/>	Wind Generator (describe) _____ (1 to 3)						<input type="checkbox"/>
<input type="checkbox"/>	Solar Panels (describe) _____ (0 to 2)						<input type="checkbox"/>
<input type="checkbox"/>	Generator - Permanent (2)			<input type="checkbox"/>	Air Conditioning (1)		
<input type="checkbox"/>	Ice Maker (2)			<input type="checkbox"/>	Washer/Dryer (2)		
<input type="checkbox"/>	Vane Steering (2)			<input type="checkbox"/>	Propane (1 to 2) #/total wgt		<input type="checkbox"/>
<input type="checkbox"/>	Other: _____						

I hereby certify that the above information is correct. I understand that it is my responsibility to notify the WFPHRF Rating Committee of any changes, which might affect the rating of this yacht.

SIGNATURE OF OWNER

DATE

Send completed form to: West Florida PHRF, Inc., 11140 9th St. East, Treasure Island, FL 33706

Revised 12/14/2009