

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

<input type="checkbox"/>	Main	Age	<input type="text"/>	<input type="text"/>
			MONTH - YEAR	

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

MATERIAL

<input type="checkbox"/>	Dacron - Base Line
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<input type="checkbox"/>	Laminate with woven: (-3 sec/nm) _____
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<input type="checkbox"/>	Laminate Non-woven (-6 sec/nm) _____
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<input type="checkbox"/>	Jib	Age	<input type="text"/>	<input type="text"/>
			MONTH - YEAR	

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

MATERIAL

<input type="checkbox"/>	Dacron - Base Line
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<input type="checkbox"/>	Laminate with woven: (-3 sec/nm) _____
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<input type="checkbox"/>	Laminate Non-woven (-6 sec/nm) _____
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0 Cruising Canvas

<input type="checkbox"/>	Bimini, always deployed +3sec/nm
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<input type="checkbox"/>	Bimini, occasionally used +1sec/nm
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<input type="checkbox"/>	Dodger always deployed +1sec/nm
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<input type="checkbox"/>	Other - _____
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BULK ALLOWANCE - maximum 15 sec/nm

Required Equipment +3 sec/nm plus 2nd anchor

Y/N

<input type="checkbox"/>	Functioning galley with stove, cookware, eating utensils, etc
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<input type="checkbox"/>	Full interior with cushions, bedding, lighting, towels, etc
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<input type="checkbox"/>	Hard wired VHF Radio installed with external antenna
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<input type="checkbox"/>	Minimum 6' Head Room (not required for Pocket Cruisers)
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<input type="checkbox"/>	Jib: ___Hank-on or ___ Roller Furling system used as designed with attached suncover
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<input type="checkbox"/>	Main: ___Slugs/Slides or Roller Furling ___ in Mast ___ in Boom
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<input type="checkbox"/>	Anchor on Bow: Type _____ Chain _____ Rode _____ WEIGHT & STYLE (25# PLOW) length & desc. (20' 7/16) length & desc. (200' 3/8')
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<input type="checkbox"/>	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