



EAST COWES SAILING CLUB

# HANDICAP APPLICATION FORM

**TO OBTAIN A HANDICAP, PLEASE COMPLETE THIS FORM**

Boat Name: \_\_\_\_\_

Owner's Name: \_\_\_\_\_

Member of East Cowes Sailing Club: **Yes / No** and/or another Club(s) : \_\_\_\_\_

Class of Boat: \_\_\_\_\_

Hull Construction: Wood / Alloy / Glass Fibre / Steel etc.

Colour of Hull: \_\_\_\_\_

Sail Number: \_\_\_\_\_

L.O.A. \_\_\_\_\_ L.W.L. \_\_\_\_\_ Max Beam \_\_\_\_\_

Max Draught \_\_\_\_\_ (Centre Board down) Type of Rig: \_\_\_\_\_

Keel Configuration: Drop Keel (1) Fixed Keel (!)  
Twin Bilge Keels (2) Central and Twin Bilge (3)

If Class boat, (a) is Ballast standard **Yes / No**

(b) is Sail Plan standard **Yes / No**

If **NO**, give details of variation from standard: \_\_\_\_\_

**Does boat carry: (a) a Head Sail with overlap? Yes / No**

If YES, give percentage overlap, taking fore triangle base as 100: \_\_\_\_\_

**(b) a Spinnaker, Asymmetric, Cruising Chute? Yes / No**

If YES, give approximate dimensions: \_\_\_\_\_

**(c) An Engine? Yes / No**

If **YES**, indicate type of installation: Outboard or detachable inboard fitted in well;

Inboard with feathering or folding propeller; \_\_\_\_\_

Inboard with fixed propeller – numbers of blades on propeller: \_\_\_\_\_

Does the boat comply in all respects with the Safety Regulations locally in force? **Yes / No**

Has the boat been given a handicap number by any other Race Organisation: **Yes / No**

If **YES**, please attach (or obtain and forward), Portsmouth Certificate.

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

Please print your name and address: \_\_\_\_\_

Your E-mail address: \_\_\_\_\_

Please return the completed form to: John Garlick, East Cowes Sailing Club, Clarence Road, East Cowes,  
Isle of Wight, PO32 6QH

or e-mail to: sailing@eastcowessc.co.uk