

Columbia Sailing Club

2015 Midlands Regatta Rating Request

Must complete all information in the top section

Racing Non-Spinnaker

Racing Spinnaker

Name			
Address			
City		State	ZIP
Email Address			
Home Phone		Work Phone	Cell
Boat Make	Length	Boat Name	Sail No. (Required)

Check the box, date/sign the bottom and return form if:

No Changes to Registration – Sailing with the Current LMYRA Series Boat Configuration

Complete the following if you did not check the box above or you did not register for the current LMYRA Series

Mast (Circle One) Short, Standard, Tall	Keel (Circle One) Fin, Drop, Swing/Centerboard, Winged, Shoal Draft, Daggerboard, Full, Other:		
Modifications (Explain - use back if necessary)			
Largest Headsail %	Roller Furling: <input type="checkbox"/> Yes If Yes, (Check all that apply)	<input type="checkbox"/> Non-woven sail cloth (laminated) with UV tape wrap	<input type="checkbox"/> Non-woven sail cloth (laminated) with sewn acrylic (Sunbrella) wrap
	<input type="checkbox"/> Drum Above the Deck <input type="checkbox"/> Drum Below the Deck	<input type="checkbox"/> Woven polyester sail cloth (Dacron) with UV tape wrap	<input type="checkbox"/> Woven polyester sail cloth (Dacron) with sewn acrylic (Sunbrella) <input type="checkbox"/> Foam padding sewn into the sail
(Check the appropriate box) <input type="checkbox"/> Spinnaker <input type="checkbox"/> Non-Spinnaker	If Spinnaker (Check) <input type="checkbox"/> Symmetrical <input type="checkbox"/> Asymmetrical <input type="checkbox"/> Oversized Spinnaker Pole <input type="checkbox"/> Oversized _____% over <input type="checkbox"/> Oversized _____% over _____% over		
	If Non-Spinnaker Whisker Pole If Yes: Length: _____ Diameter: _____ <input type="checkbox"/> Yes <input type="checkbox"/> No (inches)		
Propulsion <input type="checkbox"/> Outboard <input type="checkbox"/> Retractable or Pulled and Stored during Race <input type="checkbox"/> Non-Retractable			
<input type="checkbox"/> Inboard <input type="checkbox"/> Gas <input type="checkbox"/> Diesel			
Inboard Prop <input type="checkbox"/> Feathered <input type="checkbox"/> Folding <input type="checkbox"/> Fixed 2-Blade in Aperture <input type="checkbox"/> 2-Blade Fixed <input type="checkbox"/> 3-Blade Fixed			
Base Rating	Adjusted Rating	Sailing Club Affiliation	

I certify my boat complies with all federal, state and local safety regulations. All information listed is accurate and true.

Date: ____/____/____

Signature: _____

Fill out this form completing all appropriate fields to ensure you are assigned the correct rating and placed in the proper Division.

Regatta Chairman: Dan Robinson
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803-543-3656