

**Application for Cruiser MYC PN Rating**

**Boat**

**Owner**

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

Maker \_\_\_\_\_ Address: \_\_\_\_\_

Model \_\_\_\_\_

Year Launched: \_\_\_\_\_ Post Code: \_\_\_\_\_

Telephone Day: \_\_\_\_\_

Telephone Eve: \_\_\_\_\_

Mobile: \_\_\_\_\_

Yacht Club: \_\_\_\_\_ Email: \_\_\_\_\_

Length Overall: (m) \_\_\_\_\_ Draft (Max): (m) \_\_\_\_\_ Weight: (kg) \_\_\_\_\_

Length Water Line: (m) \_\_\_\_\_ Centre Board: (m) \_\_\_\_\_ Ballast: (kg) \_\_\_\_\_

Beam (Max): (m) \_\_\_\_\_

Hull Material: **GRP** **Wood** **Steel** **Alloy** (Circle as appropriate)

**TYPE OF KEEL:-**

**TYPE OF RIG:-**

|   |    |                 |   |
|---|----|-----------------|---|
| Drop Keel (Adjustable)                  | D  | Mast Head       | 1 |
| Central Fixed Keel                      | F  | Fractional      | 2 |
| Twin Bilge Keels                        | 2K | Ketch           | 3 |
| Centra' & Bilge Keels                   | 3K | Other (details) | 4 |
| Retractable Keel Fixed Down when Racing | R  |                 |   |

**Circle above as appropriate**

IF CLASS BOAT:- a. Is Ballast Standard Yes No

b. Is Sail Plan Standard Yes No

**If NO to a. or b., give details of any variation from standard:-**

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**SAILS:- Does the boat carry any of the following sails?**

|    |                          |     |    |
|----|--------------------------|-----|----|
| a. | A Head Sail with Overlap | Yes | No |
| b. | A Spinnaker              | Yes | No |
| c. | A Cruising Shute         | Yes | No |

**If YES to a., give percentage overlap, taking fore triangle as 100:-..... %**

**Engine and Propeller:-**

OUTBOARD or DETACHABLE inboard fitted in a well OB

Inboard with Feathering or Foldind Propeller IBF

Inboard with FIXED 2 Bladed Propeller IB2

Inboard with FIXED 3 Bladed Propeller IB3

**Circle as appropriate**

Has the boat been given a Portsmouth Number rating previously? Yes No

**If Yes, give NUMBER..... Date..... By Whom.....**

Has boat been given a RORC, CHS or RC rating previously? Yes No

**If YES, Give TCF..... Date.....**

**Signed:-..... Date:-.....**

**Please return completed form, to MYA Handicap Committee.  
c/o Medway Yacht Club, Lower Upnor, Rochester, Kent. ME2 4XB**