WAIKAWA BOATING CLUB

Application for Handicap Review

Boat name: …………………………………………………. Sail number: ……………………

Boat Design: ………………………………………………………………………………………….

Event: ……………………………………………………………………………………………………

Skipper Name: ………………………………………………………………………………………

I request handicaps be reviewed for this Event for:

My own boat ☐

Competitor's boat ☐   Boat's name: ……………………………………………

Details for Review Request: …………………………………………………………

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Signed: ………………………………………………………… Date: ……../ ………/ …………

Official Use Only

Request Approved ☐   Request Denied ☐

Signed: …………………………………..   (Handicap Officer) Date: ………/ ………/ …………

Time received: ……..: ……..   Date: ……… / ………/ ………   Signed:……………………