

# CRUISERS

## MEASUREMENT FORM FOR AYC HANDICAP

OWNER'S NAME \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_

YACHT'S NAME \_\_\_\_\_

CLASS \_\_\_\_\_ SAIL NO \_\_\_\_\_

†Portsmouth No: \_\_\_\_\_ † HAVEN SERIES H/CAP \_\_\_\_\_

LENGTH OVER ALL (LOA) \_\_\_\_\_ MAX BEAM \_\_\_\_\_

WATERLINE LENGTH (LWL) \_\_\_\_\_ MAX DRAFT \_\_\_\_\_

### KEY for details below:

\* Delete as appropriate † If known

\*RIG: Bermudan/Gaff/Cat

Sloop/Cutter/Yawl/Ketch

SAIL AREAS Jib+Main+Mizzen \_\_\_\_\_

Genoa \_\_\_\_\_

Spinnaker \_\_\_\_\_

\*KEEL: Fixed Central/ Twin Bilge/ Twin Bilge + Central / Drop

\*ENGINE: Inboard/ Outboard/ None

\*PROPELLER: Fixed 2 Blade/ Fixed 3 Blade/ Folding

AGE (Year class first launched)

### To be completed for all entries:

I understand that if the boat is in the charge of any person other than the undersigned, it is the responsibility of the undersigned to bring the attention of the person in charge of the yacht to the provisions of this entry form. I have read the conditions overleaf and accept the responsibilities contained therein:

Signed ..... Dated .....