



# PERFORMANCE PACKAGE Order Form:

- Improved Upwind and Downwind Polar Diagrams
- Speed Predictions for 6 to 20 Knots, in 2 knot increments
- Optimum gybing and tacking angles- VMG's
- In-depth explanations of the data
- and how it can improve your yacht's performance

\*Boat Name: \_\_\_\_\_ Sail No: \_\_\_\_\_  
 \*Class/Model Type: \_\_\_\_\_ IMS Cert. No. (if known): \_\_\_\_\_  
 \*Displacement (compared to Avg.): \_\_\_\_\_ Year Built: \_\_\_\_\_

Mast Height (I): \_\_\_\_\_ Fore Triangle (J) \_\_\_\_\_ Main Luff (P): \_\_\_\_\_ Main Foot (E): \_\_\_\_\_

\*Keel type:  Trapezoidal  Elliptical  Wing  Bulb  Centerboard  Drop Keel or  
 Full (not fin keel, i.e. rudder attached to keel) \*Keel Draft \_\_\_\_\_

\*Largest Genoa Overlap (i.e. 150% of J): \_\_\_\_\_ If One-Design, class sails in use?  Y  N  
 (In no headsail declared, DEFAULT will be 150%)

Spinnaker Type:  Symmetrical  Asymmetric fixed on centerline  Symmetric and asymmetric on a  
 moveable pole  None (For an addit'l runs of either spinnaker type add \$25)

\*Propeller Type: \_\_\_ Fixed \_\_\_ Folding \_\_\_ Feathering \_\_\_ None # of Blades:  2  3 or more  
 (\*- Indicates necessary input, miss info could result in less favorable predictions)

*(Additional sail measurement data may be supplied beyond what is asked for- ask your sail maker)*

When completed please mail, email, or fax this form w/ payment to US Sailing's Offshore Office at P.O. Box 1260, 15 Maritime Drive, Portsmouth, Rhode Island 02871. Email: [Offshore@ussailing.org](mailto:Offshore@ussailing.org) Fax: 401-683-0840 Phone: 1-800-US-SAIL-1

Shipping Info: Recipient's Name: \_\_\_\_\_ USSA Member ID# \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

COST is \$250 to USSAILING Members and \$300 for Non-Members, shipping included.

Payment Information: Payable to US SAILING  check enclosed - check # \_\_\_\_\_ or  charge credit card.

Credit card type (circle one) **VISA MasterCard American Express**

Card number:                      Exp. Date:

Daytime telephone:

**(We must have your credit card expiration date and daytime telephone number to process your charge.)**

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