2013 PERFORMANCE PACKAGE Order Form

- **Understand and Improve Your Boat's Performance**
- **Speed Predictions from 6 to 24 knots, at 2 knot Intervals**
- **VMG up, VMG down, Optimum Gybe and Tack Angles**
- **In-depth Explanations of Polars and How to Use Them**
- **Apparent Wind Polar Chart, Windward/Leeward VMG Tables**
- **Compatible with Deckman, Expedition, Maxsea, Nobletec, Raymarine, Nexus**

NEW THIS YEAR:

- **Improved boat speed predictions**

Reference Wind: □ 10 Meter Height (default) □ Masthead **Instrument Hgt. above Mast**: _____
Boat Name: _____ **Sail No**: _____
Class/Model: _____ **Year Built:** _____ **ORR/IMS Cert. No. :** _____
Displacement (weight): _____ **Crew Weight:** _____ (If zero, default used)
Keel Type: □ Fin □ Full Length □ Wing □ Bulb □ Centerboard **Draft** _____
Propeller Type: ___Fixed ___Folding ___Feathering ___None # of Blades: □ 2 □ 3 or more

Genoa Hoist (IG): _____ **Base of Jib (J):** _____ **Main Luff (P):** _____ **Main Foot (E):** _____
Largest Genoa Overlap (% of J): _____ or **Luff Perpendicular (LP)**: _____
(If One-Design, class sails in use? □ Y □ N (If no headsail declared, DEFAULT will be 150%)
Spinnaker Type: □ Symmetric □ Asymmetric fixed on centerline □ Symmetric and asymmetric on a moveable pole □ None **(**Specify basic dimensions for each, or we can use default standards.)
Spinn Hoist (ISP): _____ **Spinn Pole (SPL or TPS for centerline asym):** _____
Symmetric Spinnaker Luff: _____ **Mid Girth:** _____ **Foot:** _____
Asymmetric Spinnaker Luff: _____ **Leach:** _____ **Mid Girth:** _____ **Foot:** _____

(Your sail maker can supply the above sail dimensions as well as additional measurement data)

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: JimTeeters@ussailing.org
Fax: 401-683-0840 Phone: 1-800-US-SAIL-1

Shipping Info: Recipient's Name: _____USSA Member ID#_____
Address:_____
_____ **We send polars as Excel spreadsheets**
_____ **e-mail:** _____

COST: $275 to USSAILING Members; $325 for Non-Members

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: _____