U.S. Paralympics - Classifiers Annual Log

Name: _____

Address: _____ ***City:*** _____ ***State/Zip:*** _____

Phone: _____ ***Email:*** _____ ***YEAR:*** _____

From Date	***To Date***	***EVENT NAME***	***Location***	***Types of Disabilities Classified***	***# of Athletes Classified***	***Signature of Event HoC or Event Organizer***

Classifiers should list all DOMESTIC and INTERNATIONAL events attended.

Form should be submitte by December 31 each year to U.S. Paralympics, One Olympic Plaza, Colorado Springs, CO 80909 / Fax 719 866 2029