

EVENT NAME

Date(s)

Venue

City, State, USA



Request for Classification Appointment Form

Please type or print clearly. All correspondence about classification will be conducted via e-mail.

Name _____ Date of Birth (DD/MM/YYYY) _____

Address _____

City / State / Zip Code _____

Home Phone _____ Work Phone _____ Cell Phone _____

Email Address _____

Sport(s) for which classification is being requested: _____

Current **NATIONAL** sport class(es): (please leave BLANK if not yet classified)

SPORT _____ CLASS(ES) _____ STATUS (circle): NN NR NC

SPORT _____ CLASS(ES) _____ STATUS (circle): NN NR NC

SPORT _____ CLASS(ES) _____ STATUS (circle): NN NR NC

Why is the athlete requesting to be classified?

Has never been classified

Has an "NN" or "NR" classification status

Describe your disability and related medical conditions (attach additional pages/medical documentation if necessary):

Preferred appointment time (rank in order of preference, 1st, 2nd, 3rd, etc.):

____ day, month, time block ____ day, month, time block

(i.e. Friday, May 15, 9:00 – 11:00)

____ day, month, time block ____ day, month, time block

____ day, month, time block ____ day, month, time block

____ day, month, time block ____ day, month, time block

Requests for classification must be received by **MONTH, DAY, YEAR**. Submit the *Request for Classification* form and any medical documentation to:

Organization / LOC

Attn: **NAME OF EVENT** Classification Request

E-mail:

Or by fax: