



**2009 Desert Challenge Regional Games
CLASSIFICATION REVIEW REQUEST FORM**

Athlete Name _____ Birthdate ____/____/____

Street Address _____

City/State/Zip/Country _____

Daytime Phone _____ Evening Phone _____

Email Address _____

Why are you requesting to be classified?

- Do not have a classification
- Must be re-classified at every major competition because of my disability characteristics
- Have had a change in my medical status since my classification was last completed

What is your current classification: _____

Where were you classified: _____

Year in which you were classified: _____

What is your disability: _____

List any changes in your functional status since your previous classification was completed. _____

Signature of person requesting the classification review

Relationship to athlete

Email Address

***Each athlete requesting classification will be scheduled for a specific classification time by the Games Directors. Please note that Swim Classification will only be available on Friday, April 24th, 2009 between 9:00am-12:00pm.*

***Mail form with registration packet or fax to 480-610-2257.*