



2011 Desert Challenge Games
CLASSIFICATION REQUEST FORM



Athlete Name _____ Date of Birth ____/____/____

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

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

Current National sport class(es): _____

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.

Preferred Appointment Time (all appointments are for Friday, May 6th):

- Morning - 7:30am-9:00am (*swim classification only*)
- Morning - 9:00am-11:30am (*swim classification only*)
- Morning - 8:00am-10:00am
- Mid-day - 10:00am-12:00pm
- Afternoon - 12:00pm-2:00pm

Requests for classification must be received by **Friday, April 22nd, 2011**. The Games Director will select your appointment time and notify you with the scheduled appointment at least 2 weeks prior to the event.

Submit the *Request for Classification* form and any medical documentation to:

Arizona Disabled Sports
Attn: Desert Challenge Classification Request
E-mail: lane@mesadisabledsports.com
Or by fax: 480-610-2257