



2008 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 25<sup>th</sup>, 2008 between 9:00am-12:00pm.*

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