



The Santa Clara Swim Club Disability Meet
 October 1 - 3, 2010
 Hosted by Santa Clara Swim Club
 The Santa Clara Int'l Swim Center / Santa Clara, CA

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

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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.):

____ Friday, October 1 9:00-11:00am

____ Friday, October 1 11:00am-1:00pm

____ Friday, October 1 2:00-4:00pm

____ Friday, October 1 4:00-6:00pm

Requests for classification must be received by AUGUST 25, 2010. Submit the *Request for Classification* form and any medical documentation to:

U.S. Paralympics / USOC
 Attn: The Santa Clara Swim Club Disability Meet Classification Request
 E-mail: julie.o'neill@usoc.org
 Or by fax: 1 719 866 4288 Attn: Julie O'Neill