

Classification Protest Form



Athlete protested:			
Family Name:			
First Name(s):		Gender:	Female <input type="checkbox"/> Male <input type="checkbox"/>
NPC:		Sport:	ARMWRESTLING
Current sport class:		Current sport class status:	

Protest launched by:			
Organization:	NPC <input type="checkbox"/> NF <input type="checkbox"/>	Position:	
Name:			
Date and time of Protest submission:			
Protest fee paid:	yes <input type="checkbox"/> no <input type="checkbox"/>	Date and time:	
Signature:			

Reasons for the protest:
Please reference the relevant article(s) of the classification rules and regulations:



Protest fee received by:			
Organization:		Position:	
Name:			
Date and time protest fee was received:			
Signature:			

Protest accepted/ declined:	
Protest accepted <input type="checkbox"/> Protest declined <input type="checkbox"/>	
If declined, please specify the reason:	
If accepted, time and location of reassessment:	
Chief Classifier name:	
Signature:	

Outcome of the protest:			
Sport Class changed Sport Class did not change <input type="checkbox"/>			
Sport Class after Protest:		Sport Class Status after Protest:	R <input type="checkbox"/> C <input type="checkbox"/>
Chief Classifier signature:			
NPC representative name:			
NPC representative signature:			

Refund of Protest fee (Applicable only if Sport Class changed following the Protest)	
I hereby confirm that I have received the protest fee on behalf of my NPC.	
Name:	
Date and time:	
Signature:	