



INTERESTED CLASSIFIER INFORMATION FORM

If you are interested in becoming a classifier for a Paralympic Sport, please provide the requested information below. When opportunities become available, information will be sent out with instructions for the course.

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE NUMBER: _____ Please Circle one: Home Cell Work

EMAIL: _____

Please list the sports (in priority order) that you meet the prerequisites for and are interested in becoming a classifier for:

1. _____ 2. _____ 3. _____

Please list your Medical and/or Technical background:

Please list your experience with Paralympic Sports:

Please return the Interested Classifier Information Form to:

Sherrice Fox

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Fax 719-866-3353