INTERNATIONAL POWERCHAIR HOCKEY
Sport Section of the World Abilitysport
www.powerchairhockey.org
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Classification Protest Form

Protest against classification decision concerning:

Name of Athlete:	
Nation:	
Date of Classification:	
Protested decision:	

Reason for the protest:

Please use backside if needed

Number and dates of documents attached to support the protest:		
Name of National Member Organisation of World Abilitysport:		
Name:		**Signature:**

To be filled in by the Chief Classifier		
Received Fee:		
Receiving Date: *(of fee and documents)*		
Chief Classifier Name:		**Signature :**