



Achieving is Believing.

CLASSIFICATION 'OUT OF COMPETITION' PROTEST FORM

This form is to be completed by or for athletes seeking to protest their PNZ authorised class.

SECTION 1 – ATHLETE DETAILS

Name: _____

Address: _____

Suburb: _____

City: _____ Postcode: _____

Phone (Hm): () _____ Phone (Wk): () _____

Fax: () _____ Mobile: () _____

Email: _____

Male Female Date of Birth _____

SECTION 2 – PROTEST DETAILS

Name of Person Filing Protest: _____

Date of Protest: _____

Sport: _____

Current Class: _____

Have you included your NZ\$50 protest fee: Yes No

The Protest fee will be refunded if protest is ruled in favour of individual/team protesting.

Please return this form to
Paralympics New Zealand
PO Box 99178, Newmarket, Auckland
Tel. (09) 526 0760, Fax. (09) 526 0762,
Email. info@paralympics.org.nz

SECTION 3 – REASONS FOR PROTEST

(Use additional paper, if necessary)

SECTION 4 – OFFICE USE ONLY

Has this player been protested before? Yes No

If yes, date of classification: _____

Classification Panel: _____

Protest Ruling: Upheld Overruled

Reasons: