

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: _____

Home Phone: () _____ Work Phone: () _____

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 \$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) 522 4605, Fax. (09) 522 4602, Email. andvp@paralympicsnz.org.nz
www.paralympicsnz.org.nz

