



Rider Advancement/Classification Appeal Form

(Appeal to the National Advancement System and/or Classification)

Please fill out the following two pages to the best of your ability. Be sure to provide any information that will help the appeal committee understand why you are appealing your classification. You may attach additional information to support your appeal. The fee to processing your appeal is \$50. Only money orders will be accepted. (No checks)

Name of Rider:	_	AMA #:		
Name of Parent (if a mino	□ Rider Classification □ Self-Advancement □ AMA Age □ Other ole as references to endorse your appeal. Please limit to AMA ters), AMA District contacts or industry related professionals. Include ith your appeal. (Please no relatives) Phone #:Affiliation:Phone #:			
Address:				
City:		State:	Zip:	
Email Address:				
Phone #:		Date of Birth:		
Reason for your Appeal:	☐ Rider Classifica☐ Self-Advancem☐ AMA Age	ation nent	ent System	
You may list up to two peo			Please limit to AMA	
organizers (clubs or prome	oters), AMA District o	contacts or industry re	lated professionals. Include	
any endorsement letters v	with your appeal. (<i>Ple</i>	ease no relatives)		
Name:	_	Phone #:		
Email:	/	Affiliation:		
Name:		Phone #:		
Email:	Affiliation:			
Have you ever participate	d in the AMA Amate	ur Motocross Nationa	Championship?	
If Yes: Year:	Class:		Overall:	
Year:	Class:		Overall:	
Year:	Class:		Overall:	

Are you planning on taking part in the qualifying process for the AMA Amateur Motocross
National Championship at Loretta Lynn's? \square Yes \square No
Describe the reason for appealing and a brief description of riding history:
Goals for the upcoming racing season:
Make money orders payable to the American Motorcyclist Association and send to:
AMA MX Appeal Board

Appeals will only be accepted by mail.

13515 Yarmouth Drive Pickerington, Ohio 43147