



## Off-Road Rider Advancement / Classification Appeal

Please fill out this form completely and to the best of your ability. Be sure to provide any information that will help us to understand the reason for your appeal. Attach any supporting information to the form.

Name: \_\_\_\_\_ AMA# \_\_\_\_\_

Name of Parent if the rider is a minor: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

- Reason for Appeal:
- Advanced by National Advancement System
  - Rider Classification
  - Self-Advancement
  - AMA Age
  - Other: \_\_\_\_\_

List up to two references who support your appeal. Acceptable references: AMA organizers (clubs or promoters), AMA District contacts or industry personnel.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Affiliation: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Affiliation: \_\_\_\_\_

Describe the reason for appealing and a description of your riding ability including series raced and results.

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_