



**WHEELCHAIR
BASKETBALL
CANADA**

RECLASSIFICATION FORM

DATE: _____

TEAM: _____

NAME: _____

PRESENT CLASS: _____

DESIRED CLASSIFICATION: _____

EXPLAIN RATIONALE FOR REQUEST

USE BACK OF FORM FOR ADDITIONAL COMMENTS- 250 WORDS MAXIMUM

SIGNED _____

\$50.00 FEE ENCLOSED _____

FOR OFFICE USE ONLY:

DATE AND EVENT OF REVIEW: _____

COACH OR REPRESENTATIVE PRESENT: _____

CLASSIFIERS: _____

RULING: _____

GET THE BEST SPORT.

Wheelchair Basketball Canada

wheelchairbasketball.ca

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