



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 minor): _____

Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Phone #: _____ Date of Birth: _____

- Reason for your Appeal:
- Advanced thru the National Advancement System
 - Rider Classification
 - Self-Advancement
 - AMA Age
 - Other _____

You may list up to two people as references to endorse your appeal. Please limit to AMA organizers (clubs or promoters), AMA District contacts or industry related professionals. Include any endorsement letters with your appeal. (Please no relatives)

Name: _____ Phone #: _____

Email: _____ Affiliation: _____

Name: _____ Phone #: _____

Email: _____ Affiliation: _____

Have you ever participated in the AMA Amateur Motocross National Championship?

If Yes: Year: _____ Class: _____ Overall: _____

Year: _____ Class: _____ Overall: _____

Year: _____ Class: _____ Overall: _____

