



REQUEST FOR RECLASSIFICATION

AMERICAN BICYCLE ASSOCIATION

P.O. BOX 718

Chandler, AZ 85244

Name _____ Today's Date _____

Serial # _____ Age _____ Birthdate _____

City _____ State _____ Zip _____

Phone (_____) _____ Present Classification _____

My Home Track is _____

I request to be classified to _____

This form must be completely filled out and signed by your track operator. You must have raced at least eight (8) races in your present classification or after a birthday to be considered for a reclassification. Please list all races and finishes for the last sixty (60) days on the back of this form. Submit this form and a \$3.00 fee to the ABA Competition Committee. You will be notified by the Competition Committee when a decision is made. Do not change classification until you receive your new card from the ABA. You may attach a letter giving additional reasons why you should be reclassified.

*******TO BE FILLED OUT BY THE TRACK OPERATOR*******

Track Name _____ Track # _____

Track Operator _____ Is this rider related to you? _____

Is this rider related to anyone on your staff? _____

Does the rider have any connection to you or your staff through a team? _____

Do you think the rider needs to be reclassified as requested? _____

Comments _____

Track Operator's signature _____

