



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.

Signature: _____ Date: _____