

**U.S. Paralympics Swimming
2012 Jimi Flowers Classic**

February 23-26, 2012
Hosted by U.S. Paralympics
United States Olympic Training Center
Colorado Springs, CO, USA



Request for Classification Appointment Form for U. S. Athletes

Please type or print clearly. All correspondence about classification will be conducted via e-mail.

Name _____ Date of Birth (DD/MM/YYYY) _____

Address _____

City / State / Zip Code _____

Home Phone _____ Work Phone _____ Cell Phone _____

Email Address _____

Current **NATIONAL** or **INTERNATIONAL** sport class(es): (please leave BLANK if not yet classified)

S _____ SB _____ SM _____ STATUS _____ STATUS type (circle): NATL INTL

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Describe your disability and related medical conditions (attach additional pages/medical documentation if necessary):

Preferred appointment time (rank in order of preference, 1st, 2nd, 3rd, etc.):

____ Thursday, February 23, 9:00 – 11:00am ____ Friday, February 24, 9:00 – 11:00am

____ Thursday, February 23, 11:00am – 1:00pm ____ Friday, February 24, 11:00am – 1:00pm

____ Thursday, February 23, 2:00 – 4:00pm ____ Friday, February 24, 2:00 – 4:00pm

____ Thursday, February 23, 4:00 – 6:00pm ____ Friday, February 24, 4:00 – 6:00pm

Requests for classification must be received by **January 16, 2012**. Submit the *Request for Classification* form and any medical documentation to:

Paralympic Division / USOC
Attn: 2012 Jimi Flowers Classic / Classification Requests
E-mail: erin.popovich@usoc.org
Or by fax: +1 719 866 2029