



Rider Advancement/Classification Appeal Form

(Appeal to Empire State MX 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 \$15.

Name of Rider: _____ Empire State MX ID #: _____

Name of Parent (if a minor): _____

Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Phone #: _____ Date of Birth: _____

Reason for your Appeal:

- Rider Classification
- Self-Advancement
- Other _____

You may list up to two people as references to endorse your appeal. Please limit to Empire State MX organizers (clubs or promoters), 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: _____

