Classification Roster

NATIONAL WHEELCHAIR BASKETBALL ASSOCIATION

Team: _____ **Division:** _____

Team Reviewer: _____ **Email:** _____

Team Reviewer	Jersey #	Player's Name	Class	Status*	Rationale	Class #1	Class #2	Class #3

*Status: List all the apply: **P** for Proposed, **A** for Approved, **C** for Certified

Team #1 Team Reviewer _____ _____ _____ _____
Reviewer Signature   Print Name   Team name   Date

Team #2 Team Reviewer _____ _____ _____ _____
Reviewer Signature   Print Name   Team name   Date

Team #3 Team Reviewer _____ _____ _____ _____
Reviewer Signature   Print Name   Team name   Date