ORIGINAL TEAM ROPING

13500 FM 2219, Amarillo TX 79119

Phone: (806)499-3584 ~ Email: office@otrc.net

CLASSIFICATION NUMBER APPEAL FORM

To submit your appeal, complete *ALL* information below. Incomplete forms will not be considered; they will be returned. References must be valid – they must be either an OTR producer or a current OTRA member in good standing. If a reference is another roper, that person must be willing to put his/her own number at stake in order to vouch for your appeal *and* they must be ropers that you would be competing *against* at the same classification that you are requesting. Appeal will not be considered if references do not personally sign this form; the signature must match what is on file with OTR. Once the appeal form is received in the Home Office, the information will be reviewed along with other data we gather and a final decision will be made. If applicable, attach doctor's report stating disability and level of impairment. Submitting this appeal does not guarantee your number will be changed.

Name _____

Address _____ **Phone Number** _____

OTRA Membership # _____ **Current Classification Number(s)** _____

Requested Classification Number (circle: *Heading ~~ Heeling*) _____

Reason for Appeal (Roper's statement) _____

References	**1**	**2**	**3**
Printed Name			
Phone Number			
Signature			

By signing as a reference, I am willing to have my own number placed under review.

Roper's Signature _____ **Date** _____

I hereby state the above information to be true.