OFFICIAL USE ONLY

Date & Time Submitted:

Fee ($100) Received: YES / NO

Determination: Accepted / Rejected

USA Climbing Championship Event Appeals Form

Name of Competitor: _____

Name of Certified Coach (if applicable): _____

Contact Phone #: _____ Member #: _____

Youth Category: _____ Bib #: _____

Problem / Route #: _____

Description of incident and reason for appeal:

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