



ASSA Challenge Form

****Challenge fee must accompany this completed form and be submitted to the Stat Office.
PLEASE PRINT CLEARLY. STAT OFFICE WILL NOT PROCESS CHALLENGES THAT ARE ILLEGIBLE.**

Your Name: _____
Competitor #: _____
Match #: _____

Challenge Own Score Individual Score
 Challenge Another's Score Team Score

Reason for Challenge: _____

If Challenging Another's Score:

Competitor / Team Name: _____
Competitor / Team #: _____

AREA BELOW IS FOR STAT OFFICE ONLY

Received By (STAT): _____	Date Received: _____
Competitor Signature: _____	Time Received: _____ AM PM
CHALLENGE WON: <input type="checkbox"/>	CHALLENGE FEE RETURNED? <input type="checkbox"/> YES
CHALLENGE LOST: <input type="checkbox"/>	<input type="checkbox"/> NO



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