

RULE CHANGE SUGGESTION FORM

Check (✓) one:

_____ Provincial or Territorial Association (NAME: _____)

_____ Local or Regional Association (NAME: _____)

_____ Individual Member (NAME: _____)

PLEASE COMPLETE IF OTHER THAN PROVINCIAL/TERRITORIAL ASSOCIATION

Address: _____

Postal Code: _____ Telephone: () _____

RULE TO BE AMENDED

Section: _____ Paragraph: _____

Subsection: _____ Page Number: _____

PROPOSED RULE CHANGE

REASON FOR THE CHANGE OR COMMENTS

We, the province/territory would be in favour of a proposed playing rule change with an amendment to the change that has been proposed if required.

_____ DATE _____

_____ SIGNATURE _____

Mail to: ONTARIO RINGETTE ASSOCIATION, 912 – 305 Milner Ave., Scarborough, Ontario M1B 3V4
REVISED August 2017