

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, 207 - 3 Concorde Gate, Toronto, Ontario M3C 3N7

REVISED JUNE 14, 2006