

Petition Form for NEXT reprinting of Rulebook:

<p>Person petitioning:</p> <p>Name: _____</p> <p>Address: _____</p> <p>Phone: _____</p> <p>E-mail: _____</p> <p>Best time to call: _____</p> <p>Saddle Club: _____</p> <p>Date: _____</p> <p><u>Please complete this sheet first & return a copy to Cindy Ladd, Rulebook Chair prior to getting your signatures.</u></p>	<p>Rulebook Petition Schedule:</p> <p>*Start Petitions: January – May</p> <p>*Petitions require 20 signatures from individual saddle clubs holding current office of Club President or Secretary</p> <p>*Complete Petitions must be received by the Rulebook Committee by June 1st</p> <p>*Rulebook Petitions presented to the Board at the August Board Meeting</p> <p>*Rulebook Petitions presented to the General Delegation and Voted upon at the October General Meeting</p>
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A. Information: Current Rulebook page number: _____
 Current Rulebook Year: _____ Title of Section: _____

1. Current rule as it appears in rulebook: (Use additional paper if needed.)

2. New wording being petitioned as you want it to appear in rulebook:

IMPORTANT: If an intended change above results in a contradiction in another WSCA rule, you must list that rule and page number or the contradiction rule here. If the exact meaning is meant in both locations by voting on your petition it will automatically change the other(s) rules depending on the outcome of the General Delegation's vote.

Rule Name: _____ Page Number: _____

****May the Rulebook committee enhance spelling, grammar, sentence structure, etc., to clarify intent and create uniformity in the Rulebook? YES or NO (circle one)**

Mail completed petitions to:

Cindy Ladd, Rulebook Committee

9055 Tiller Avenue, Norwood-Young America MN 55397

WSCA Procedure Number 19

Phone: (952) 583-0086

E-mail: Cando2020@aol.com

Rulebook Committee

Viewed: 10 December 2013

Petition Form for NEXT reprinting of Rulebook:

Signatures of Petitioners:

Existing Rule in Current Rulebook: Page # _____
& title of rule _____

Club Name:	Printed Name of President or Secretary:	Signature:	Address:	Phone:	Date: