



WOMEN'S LACROSSE RULE CHANGE REQUEST FORM

Submitted By: _____ Date: _____

Address: _____

Home Phone: _____ E-mail: _____

Please submit only **one change request per form**. If additional space is needed to submit complete information and/or examples please attach any extra pages to your request form. If you are submitting more than one change please use a separate form. **Please submit this form by June 15.**

Requested Change: Please type or print clearly. Submit the change or new rule exactly as you feel it should be worded.

Page number: Rule number:

Rationale/Reason for the change: Please explain why you feel this change or new rule is necessary.

What other rules will be affected if this change is made: List the page number, rule number and section for any other rule that may be affected by this change.

Please mail this completed form to:
Pat Dillon, 10605 Taunton Court, Beltsville, MD 20705