



District League Rule Change Request Form

CONTACT/ ORGANIZATION INFORMATION
NAME:
POSITION:
CONTACT EMAIL:
AFFILIATION NAME:

LEAGUE RULE DETAILS
<p>SELECT THE ACTION BEING PROPOSED:</p> <ul style="list-style-type: none"><input type="checkbox"/> Propose New League Rule<input type="checkbox"/> Revise Existing League Rule<input type="checkbox"/> Revoke Existing League Rule
<p>CURRENT TEXT OF EXISTING OPERATIONAL PROCEDURE:</p>
<p>PROPOSED TEXT FOR THE EXISTING OR NEW LEAGUE RULE:</p>
<p>REASON/RATIONALE:</p>

SOUTHWEST SOCCER OFFICE USE ONLY	
REQUEST:	<div><input type="checkbox"/> DENIED</div> <div><input type="checkbox"/> GRANTED</div>
NOTES:	
LEAGUE ADMINISTRATOR SIGN OFF:	
GENERAL MANAGER SIGN OFF:	
DIRECTOR SIGN OFF:	
DATE:	