SPECIAL OLYMPICS WISCONSIN
PROPOSED RULE CHANGE FORM

Name of Sport: __________________________ Date of Submission: ____________________

Mail form to: Special Olympics Wisconsin Sports Rules
2310 Crossroads Dr
Suite 1000
Madison, WI 53718

Submit by: May 1st Annually

Or, e-mail to: kbergmann@specialolympicswisconsin.org

Recommended change to:  □ General Sports Rules/ Policies
                          □ Sport Specific Rules/ Policies

Sport:

Official Special Olympics Sports Rules Version you are reading from for this change: ________________________________

Rule Reference (i.e. General Information Section – Competition Guide, or Athletics — Section E-Rules of Competition, 1.b.)

________________________________________________________

Page Number __________________

Rule as it Reads: ________________

________________________________________________________

________________________________________________________

________________________________________________________

Recommendation: (Check the Box of the action proposed)

□ Delete rule          □ Add new rule    □ Change to read as follows:

________________________________________________________

________________________________________________________

________________________________________________________

 Reason for Proposed Rule Change:

________________________________________________________

________________________________________________________

________________________________________________________

Person Submitting Rule Change: __________________________

Address: ________________________________________________

Agency: ________________________________________________

Daytime Telephone Number: ________________ E-mail Address: ________________________________

For Rules Committee Use Only

□ APPROVE AS PROPOSED

□ NOT APPROVED

□ REFER TO SPORTS RESOURCE TEAM FOR ADDITIONAL INFORMATION

□ APPROVED WITH THE FOLLOWING REVISIONS:

________________________________________________________