



# 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 1<sup>st</sup> Annually**

Or, e-mail to: [kbergmann@specialolympicswisconsin.org](mailto: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:

\_\_\_\_\_