

PETITION FOR RULE CHANGE OR CLARIFICATION

Petitioner Name: _____ Phone # _____ - _____

Address: _____

City: _____ ST: _____ Zip: _____

Email Address: _____

Issue:

Relevant Rule: Section _____ Page # _____

Desired Outcome:

Reason change is necessary:

*What are the side effects? (Example: 20 new classes, records voided, etc)

Desired Rulebook (re)wording:

Forward this form to rulebookinfo@scta-bni.org

*Note: You may be required to research and develop information concerning the effects of this proposed change.