



RULE CHANGE PROPOSAL (RCP) FORM

Date: _____

Title of the RCP: _____

Member Submitting: _____

Member # _____

Committee Submitting (If Applicable) _____

Contact information: Phone: _____

Email: _____

Rule Proposal will change Article(s)/Chapter(s) _____ Section(s): _____ Page(s): _____

State the Proposed Rule:

Rationale for the Rule:

Financial Impact:

If proposed by a Committee, does the decision reflect the majority of the Committee? Y ___ N ___

If proposed by a PFHA staff member, does this have the ED's authorization? Y ___ N ___

PFHA Staff Comments:

PFHA Committee Comments:

1. For complete instructions on the Rule Change Process, refer to the PFHA Rule Book Chapter One General Rules.
2. Email the completed form to the PFHA Executive Director at lholland@pfha.org
3. Or Mail the completed form to: Paso Fino Horse Association; 4067 Iron Works Parkway, Lexington, KY 40511
4. Forms must be postmarked or electronically received by midnight on May 1, 2021

RCP # Assigned by
PFHA Office
