

## Paso Fino Horse Association, Incorporated

1003 Twilight Trail Suite 2, Frankfort, KY 40601 (859) 689-3700 FAX (859) 689-3702

www.pfha.org

## **RULE CHANGE PROPOSAL (RCP) FORM**

RCP#(Assigned by PFHA):			Date Received:	
Brief Title of the RCP:				
Member Submitting the RCP				
PFHA Membership Number:				
Last Name:		First	Name:	
StreetAddress:				
City:	St	ate:	Country:	Zip:
Phone:	Email Addre	ss: <u> </u>		
Rule Proposalwill change A State the Proposed Rule:	rticle(s)/Chapt	ter(s)	Section(s):	Page(s):
Rationale for the Proposed Rule:				
Financial Impact:				
If proposed by a Committee, does the decision reflect the majority of the Committee? YES NO				
If proposed by a PFHA staff member, does this have the Executive Director's authorization? YES ONO PFHA Staff Comments:				
Committee(s) Comments:				

## INSTRUCTIONS:

- 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 info@pfha.org
- 3. Or Mail the completed form to: Paso Fino Horse Association; 1003 Twilight Trail Suite 2, Frankfort, KY 40601
- 4. Forms must be postmarked or electronically received by midnight on May 1, 2023