



SIERRA NEVADA HORSE SHOW ASSOCIATION

P.O. BOX 18701 * RENO, NV 89511 * www.snhsa.org

PROPOSED RULE CHANGE FORM

SNHSA Member submitting proposal: _____

Member phone Number: _____

Trainer: _____ **Trainer Phone Number:** _____

Rule Change Proposed for what Division or Class? _____

Proposed change: _____

Reason for the change: _____

Signature of member: _____ **Date:** _____

Please submit form to a SNHSA Board Member. Proposed rule changes will be discussed and/or voted on at a Board meeting following receipt of the proposed change.