DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MEMBER NAME(S): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

YOUR CURRENT LEAGUE(S): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Precise wording of recommended rule change or addition:

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Explain rationale for the change or addition. Also, provide supporting documentation and/or perspective, i.e., other Senior Softball Associations.

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Any additional perspectives (optional):

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