



PACIFIC COAST HORSE SHOWS ASSOCIATION

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OFFICIAL FORM FOR SUGGESTED PCHA RULE CHANGES (Attach Additional Sheets If Necessary)

Rule, Part, Section & Page:

Suggested Rule Change:

Suggested Effective Date:

Committees/Divisions Affected:

Comments:

Financial Impact On PCHA:

Submitted By:

PCHA Membership Number: Date:

Address:

City: State: Zip:

Telephone Number(s): _____

***All rule changes will follow standard Rule Change Procedures unless otherwise indicated to be considered Extraordinary.**