



POLICY CHANGE REQUEST FORM

Requester's Name _____ Date of Request _____

Policy Requesting to Change _____

Would you like to present to the Tennis Committee? _____

Have you read the current Tennis policies? _____

Reason for change?

Suggested change:

Is there any impact on court usage?

Who will benefit from this change?

All request forms must be filled out completely before they will be reviewed by the Tennis Committee and recommended to the Board for approval or denial.

Requester's Signature Date

Tennis Committee Chair Date

Requester's contact information (email/phone):

Date Presented to the Board _____

Approve

Decline

Signature of Officer _____