

# REMIT FORM 2018



Zone Deaf Rugby Union: \_\_\_\_\_

Name: \_\_\_\_\_

Position: \_\_\_\_\_

**Remit:** *(Description or copy section paragraph from Constitution or Guidelines & by Laws)*

**What are your reasons to change and why?**

**Requested Action:**      Add       Delete       Change       Amended

**Change or amended:**

Signature: \_\_\_\_\_      Date: \_\_\_\_\_

**Please send your remit to NZDRFU by: 5<sup>th</sup> January 2018**

**FOR NZDRFU USE ONLY**

**Action:**      Add       Delete       Change       Amended       No change/declined

Description: \_\_\_\_\_

Checked by: \_\_\_\_\_ NZDRFU Secretary      Date Approved: \_\_\_/\_\_\_/\_\_\_