

# REMIT FORM 2017

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

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

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



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

**What reason to change and why?**

**Action:**    Add     Delete     Change     Amended

**Change or amended:**

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

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

## FOR NZDRFU USE ONLY

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

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

Checked by: \_\_\_\_\_ NZDRFU Secretary

Date approved: \_\_\_/\_\_\_/\_\_\_