

Finger Lakes Youth Football & Cheerleading League, Inc.

Rule Change Request 2026

THIS FORM MUST BE COMPLETELY FILLED OUT BEFORE BEING SUBMITTED

Date of Application _____

Team Name _____ Team President _____

Home Phone: _____ Work Phone: _____

E-Mail Address: _____

Change Request:

Section Title: _____

Section: _____ Page #: _____

Reason for Change: (What, Why, How)

Exact wording for new rule: _____

(Additional space on page 2 if needed)

Executive Board Review and Action

Rule Change Request Number _____

Date Received by VP: _____

Date Presented to Presidents: _____

Date Voted On: _____

Approved _____ Denied _____

Additional Notes:

Finger Lakes Youth Football & Cheerleading League, Inc.

Rule Change Request 2025

Additional Space -

Reason for Change: (What, Why, How)

Exact wording for new rule: _____
