

Date Submitted\_\_\_\_\_

## Diamond Youth Softball™ 2026 SUGGESTED RULE CHANGE FORM

(Please type or print clearly)



Email Address	() Day Phor	ne N	ight Phone
		/	<del></del>
		(	-
Address	Ci	ity State	Zip
-			
League	Franchise	# Position	in League
Please provide the following info	ormation to contact you about t	he action taken on your p	roposed change:
	•		
4. I propose that the rul	e be changed to read as follo	ows:	
3. Why I feel the rule sho	ouid be changed.		
2 Why I fool the wile check	uld be abanged.		
2. The rule as it now read	ds:		
1. Page F	Paragraph		
I propose the following ch		•	re with the 2026 season:
	ommittee – Attn: Jay Bennett 22 Email: jbennett@cityofcle	•	emson, SC 29631
			nange approved by the DYS and appear in 2026 DYS
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