



TEXAS YG

SAF AMENDMENT FORM

Proposal Number: \_\_\_\_\_

Amendment

Author: \_\_\_\_\_

Please print legibly so clerk(s) will be able to easily read your amendment

Large empty rectangular area for writing the amendment text.

**FOR CLERKS USE ONLY**

<b>Originally submitted:</b>	<input type="checkbox"/> Friday AM	<input type="checkbox"/> Friday PM	<input type="checkbox"/> Saturday AM	<input type="checkbox"/> Saturday PM	Attach all <b>passed</b> amendments
<b>Passed:</b>	<input type="checkbox"/> Friday AM	<input type="checkbox"/> Friday PM	<input type="checkbox"/> Saturday AM	<input type="checkbox"/> Saturday PM	to proposal before forwarding
<b>OR Failed:</b>	<input type="checkbox"/> Friday AM	<input type="checkbox"/> Friday PM	<input type="checkbox"/> Saturday AM	<input type="checkbox"/> Saturday PM	to next body