ORSCNA Regional Motion Form

Motion #: _____:_____ Date Submitted: _____

(To be assigned by Secretary)

Motion*:

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

* If motion changes policy, please indicate the section(s) .

Intent:

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Maker: _____

Seconded By: _____

Pro: _____

_____

Con: _____

_____

MOTION IS TO BE BROUGHT BACK TO GROUPS TO BE VOTED ON - YES _____

NO _____

Vote: _____For _____Against _____Abstentions

Dispostion of Motion: Carried ___ Defeated ___ Tabled ___

Motion referred to _____ committee, until _____.

Other Rulings: _____