OMHA MODIFIED ICE

Participant List

Modified-Game #: _____ Date: _____ Time: _____ Location: _____

Team Name: _____ Team Name: _____

Jersey #	Player Name (Please Print)

Jersey #	Player Name (Please Print)

Bench Staff	Name (Please Print)
Coach	
Trainer	
Manager	
Asst. Coach/Trainer	
Asst. Coach/Trainer	

Bench Staff	Name (Please Print)
Coach	
Trainer	
Manager	
Asst. Coach/Trainer	
Asst. Coach/Trainer	

- The Game Participant List must be completed prior to the start of each modified-game.
- Only those players and bench staff on the team's approved roster are eligible to participate.

Referee Name (Please Print)		**HCOP#**	
Referee Name (Please Print)		**HCOP#**	

Referee Notes:

Forward Completed Copies to: **Glenn Silver, Regional Director region 1 B**
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