OMHA	MODIFIED	ICE
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Participant List

Modified-Game # [.]	D	ate:	Time [.]	Location:	
Team Name:	0		Team Name:		
	Γ				
Jersey #	Player	Name (Please Print)	Jersey #	Player Name (Please Print)	
Bench Staff		Name (Please Print)	Bench Staff	Name (Please Print)	
Coach			Coach		
Trainer			Trainer		
Manager			Manager		
Asst. Coach/Trainer		Asst. Coach/Trai	Asst. Coach/Trainer		
Asst. Coach/Traine	r		Asst. Coach/Trai	iner	

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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@OMHA.net

Glenn Silver, Regional Director region 1 B