OMHA – MODIFIED ICE

Participant List

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

Team Name:	
Jersey #	**Player Name**

Team Name:	
Jersey #	**Player Name**

Bench Staff	Name
Coach	
Trainer	
Manager	
Asst. Coach/Trainer	
Asst. Coach/Trainer	

Bench Staff	Name
Coach	
Trainer	
Manager	
Asst. Coach/Trainer	
Asst. Coach/Trainer	

Referee Name	

HCOP#	

- 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 Notes:

Forward Completed Copies to: