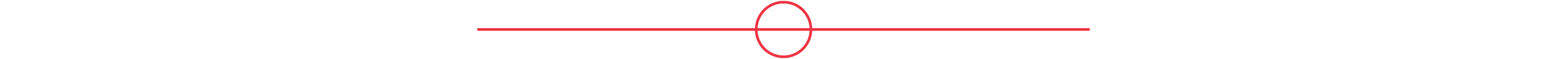
OMHA MODIFIED ICE

Participant List

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|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Modified-Game #: | |  | Date: |  | Time: | |  | Location: |  |
| Team Name: |  | | | |  | Team Name: | |  | |

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| --- | --- | --- | --- | --- |
| **Jersey #** | **Player Name (Please Print)** |  | **Jersey #** | **Player Name (Please Print)** |
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| --- | --- | --- | --- | --- |
| **Bench Staff** | **Name (Please Print)** |  | **Bench Staff** | **Name (Please Print)** |
| Coach |  |  | Coach |  |
| Trainer |  |  | Trainer |  |
| Manager |  |  | Manager |  |
| Asst. Coach/Trainer |  |  | Asst. Coach/Trainer |  |
| 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:** | | | | |
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| --- |
| **Forward Completed Copies to:**  **Colleen Hawthorne, Regional Director, OMHA Region 1A**  [**colleen.hawthorne@OMHA.net**](mailto:colleen.hawthorne@OMHA.net) |
|  |

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