OMHA MODIFIED ICE

Participant List

Modified-Game #: Date:			Time:	Locatio	on:	
Team Name: Pt. Edward Blackhawks -			Team Nar	Team Name:		
Jersey #	Play	/er Name (Please Print)	Jersey #		Player Name (Please Print)	
		,			,	
_						
			_			
_			_			
_			_			
Bench Staff		Name (Please Print)	Bench St	aff	Name (Please Print)	
Coach			Coach			
Trainer			Trainer			
Manager			Manager			
Asst. Coach/Trainer				ch/Trainer		
Asst. Coach/Traine	er		Asst. Coa	ch/Trainer		
		st be completed prior to the a staff on the team's approve				
Referee Name (Please Print)			НСОР#			
Referee Name (Please Print)			HCOP#			
eree Notes:				11001 "		
ree Notes.						
Forward Complet	ted Copies to:	Glenn Silver, Region	al Director region	1 B		
Glenn.Silver@OM						