	OMHA	MODIFIED	ICE	
		rticipant List		
		$-\bigcirc$		_
Modified-Game #:	Date:	Time:	Location:	
Team Name:		Team Name:		
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/1	Frainer	
Asst. Coach/Trainer		Asst. Coach/1	Frainer	

• 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

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