

# OMHA MODIFIED ICE

## Participant List



Modified-Game #: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_ Location: \_\_\_\_\_

Team Name: \_\_\_\_\_

Team Name: \_\_\_\_\_

Jersey #	Player Name (Please Print)

Jersey #	Player Name (Please Print)

Bench Staff	Name (Please Print)
Coach	
Trainer	
Manager	
Asst. Coach/Trainer	
Asst. Coach/Trainer	

Bench Staff	Name (Please Print)
Coach	
Trainer	
Manager	
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: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Forward Completed Copies to:**

Once game is completed, take a picture of this sheet and send a copy via email to:

woaa@hurontel.on.ca