## **OMHA MODIFIED ICE**

## Participant List

eam Name:			Team N	lame:	
Jersey #	Player Name (Pleas	e Print)	Jersey	#	Player Name (Please Print)
Bench Staff	Name (Please	e Print)	Bench	Staff	Name (Please Print)
Coach			Coach		
Trainer			Trainer		
Manager			Manag		
Asst. Coach/Trainer				oach/Trainer	
Asst. Coach/Trainer			Asst. Co	oach/Trainer	
The Game Participa					
Only those players	and bench staff on the	team's approved ro	oster are e	eligible to partic	ipate.
Referee Name (Please Print)				HCOP#	
Referee Name (Please F	Print)			HCOP#	
ee Notes:					
Forward Completed C	Copies to: Dean J	onnson, Regional	Director	region 1 B Dea	an.Johnson@omha.net