OMHA MODIFIED ICE

Participant List

)				
Modified-Game #:		Date:	Tin	ne:		ocation:		
Team Name:				Team Nar	me:			
Jersey #	Pla	ayer Name (Please Print)		Jersey #		Play	ver Name (Please Print)	
Bench Staff		Name (Please Print)		Bench Staff			Name (Please Print)	
Coach				Coach				
Trainer				Trainer				
Manager				Manager				
Asst. Coach/Trainer			_	Asst. Coach/Trainer				
Asst. Coach/Traine	r			Asst. Coa	ch/Traine	r		
		nust be completed prior to the ch staff on the team's approved						
Referee Name (Please Print)					НСОР#			
Referee Name (Please Print)					НСОР#			
Referee Notes:								
Г								
Forward Completitive		Gwen Ficklin			D	<mark>debsm</mark> ebbie Munn	unn@yahoo.ca n, Shamrock Execu	tive
Uncompet	itive Ga	me ()						