|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  | |  | | --- | |  | |  |  |  |  |  |
| **All participants are required to use Manitoba’s COVID-19 screening tool before each session. Screening can be completed online at sharedhealthmb.ca/covid19/screening-tool/ or in Interactive Voice Response (IVR) format at 1-877-308-9038.** | | | | | | | | |
| **THIS INFORMATION MUST BE KEPT ON FILE FOR AT LEAST 30 DAYS** | | | | | | | | |
| **TEAM:** | | | | **ICE TIMES:** | | | | |
| **FIRST NAME** | **LAST NAME** | **EMAIL** | **PHONE NUMBER** | *Oct 2*  *Practice* | *Oct 5*  *Practice* | *Oct 7*  *Game* | *Oct 9*  *Practice* | *Oct 12*  *Game* |
| *Wayne* | *Gretzky* | [*thegreat1@hockeyemail.com*](mailto:thegreat1@hockeyemail.com) | *(204) 099-0099* | *X* | *X* | *X* |  |  |
| *Mario* | *Lemiuex* | [*supermario@hockeyemail.com*](mailto:supermario@hockeyemail.com) | *(204) 066-0066* | *X* | *Absent* | *X* |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |