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| **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* | *(204) 099-0099* | *X* | *X* | *X* |  |  |
| *Mario*  | *Lemiuex* | *supermario@hockeyemail.com* | *(204) 066-0066* | *X* | *Absent* | *X* |  |  |
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