MINNESOTA HOCKEY
SCREENING COMMITTEE
VERIFICATION FORM

TO: _____ FROM:_____

PHONE:_____ PHONE:_____

DATE:_____ PAGE ___ OF ___ THIS SUBMISSION

ATTACHED TO THIS FORM ARE _____ BACKGROUND CHECK SCREENING CONSENT FORMS FOR THE FOLLOWING LISTED PERSONS:

Name	Coach, Board Mbr., Or Referee?	Association

I CERTIFY THAT THE ABOVE LIST OF NAMES REPRESENTS: (CHECK ONE)

_____ A COMPLETE LIST OF NAMES OF COACHES/MANAGERS/BOARD MEMBERS WITHIN OUR ORGANIZATION;
OR

_____ AN ADDENDUM LIST OF NAMES OF COACHES/MANGERS WITHIN OUR ORGANIZATION. THIS IS ADDENDUM NUMBER ___.

SIGNATURE OF PRESIDENT OR CHAIR:_____

ORGANIZATION NAME _____

NAME_____ TITLE_____

DATE SIGNED: _____ MH DISTRICT_____

Name	Coach, Board Mbr., Or Referee?	Association