

Ambulance / Police Incident Report

If at any time the Police or Ambulance are called to the Ice Rink during your Hockey Game,
The following report must be filled out and sent to Rick Pratt within 24 HOURS
PLEASE CONTACT YOUR LOCAL SUPERVISOR

Date of Incident _____ Time of Incident _____ Level _____

Location _____

Home Team _____ Visitors _____

Report Details (Be as specific as possible, Names, Numbers, what you Know)

(If you need more room please in a word document)

Referee Name _____ Phone Number _____

Referee's Partner(s) Name _____

Signature: _____ Date: _____