



2024 Division III Men's Ice Hockey Travel Party Roster/Credential List



Institution: _____ Date: _____

Please list each individual from your institution's travel party (limit of 28).
Please indicate student-athletes with an asterisk (*).

- | | |
|-----------|-----------|
| 1. _____ | 15. _____ |
| 2. _____ | 16. _____ |
| 3. _____ | 17. _____ |
| 4. _____ | 18. _____ |
| 5. _____ | 19. _____ |
| 6. _____ | 20. _____ |
| 7. _____ | 21. _____ |
| 8. _____ | 22. _____ |
| 9. _____ | 23. _____ |
| 10. _____ | 24. _____ |
| 11. _____ | 25. _____ |
| 12. _____ | 26. _____ |
| 13. _____ | 27. _____ |
| 14. _____ | 28. _____ |

Each institution will be permitted up to three additional credentials for team personnel, two of which must be for medical personnel. Please list those individuals in the spaces below.

1. _____
2. _____
3. _____

Email this form to the tournament director and site representative as soon as possible and no later than 24 hours prior to your first practice.