

# Midwest High School Hockey League Protected List

Date: \_\_\_\_\_

Your Name: \_\_\_\_\_

Team: \_\_\_\_\_

Please list below your 10 best players in order of ability, regardless of position (number 1 being the best player). Type or print their FULL FIRST AND LAST NAME, JERSEY NUMBER, POSITION and YEAR IN SCHOOL.

The Protected List must be sent to the League Commissioner **BEFORE** the first League game. After all names are submitted, Team Representatives will receive a complete list of all the teams' protected players.

The Protected List can be revised one time prior to teams playing 40% of their regular season games. At that time the List becomes frozen.

Send Protected List to MSHSL Commissioner:

Greg Cigrand  
1856 Admiral  
Dubuque, IA 52002  
Fax: 208-474-6028

Submit Protected List online at: [www.midwesthighschoolhockey.com/teamreps/protlist.htm](http://www.midwesthighschoolhockey.com/teamreps/protlist.htm)

Rank	Name	Jersey No.	Position	Year in School
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____
7.	_____	_____	_____	_____
8.	_____	_____	_____	_____
9.	_____	_____	_____	_____
10.	_____	_____	_____	_____