



Brockville Braves Pre-Draft **PROSPECTS CAMP**

Personal Information

Name:

Address:

City/Town

Prov./State:

Postal/Zip Code:

Phone #:

Email:

(Please ensure that your email address is correct)

Date of Birth(MM-DD-YYYY):

Height:

Weight:

Hockey Experience (Most Recent)

Team:

League:

Level:

Sweater #:

Position:

Shot:

Please complete this form and mail it to:

Braves Prospect Camp
PO Box 61
Brockville, ON
K6V 5T7