



BROCKVILLE BRAVES

TRAINING CAMP

Brockville Youth Arena Brockville Ontario April 27th – 29th 2012

Personal Information

Name:

Address:

City:

Prov/State:

Postal Code/Zip Code:

Phone #:

E-mail :

(Please ensure that your email address is correct)

Date of Birth(MM-DD-YYYY)

Height:

Weight:

Hockey Experience (Most Recent)

Team:

League:

Level:

Position:

Shot:

Cost is 150 dollars make check payable to the Brockville Braves please include with application.

**Please complete this form and mail to:
Braves Training Camp c/o Jason Hawkins
1061 Centennial Road
Brockville, Ontario Canada
K6V 5T4**