

# 2010 KANATA STALLIONS PROSPECTS CAMP



PLEASE BE SURE TO BE AS DETAILED AS POSSIBLE IN YOUR  
FORM. MAKE CHEQUES PAYABLE TO THE KANATA STALLIONS AND MAIL IT,  
ALONG WITH THE REGISTRATION FORM, TO:

SPORT VISION C/O LOU NISTICO  
2407 KALADA AVE  
OTTAWA, ON  
K1V 8B9

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

PROV./STATE: \_\_\_\_\_

PC/ZIP CODE: \_\_\_\_\_

PHONE DAY: \_\_\_\_\_

EVENING: \_\_\_\_\_

EMAIL: \_\_\_\_\_

D/O/B: \_\_\_\_\_

LAST TEAM PLAYED FOR: \_\_\_\_\_

POSITION: \_\_\_\_\_

SHOOTS: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_