

Family Billet Application

Family Name: _____

Household Members:

Name

Age

Play hockey?

Which organization?

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Address: _____

City: _____ State: _____ Zip: _____

Parent/Guardian 1: _____

Home phone number: _____ Cell phone number: _____

Email address: _____

Parent/Guardian 2: _____

Home phone number: _____ Cell phone number: _____

Email address: _____

Do you have any pets? ☐ Yes ☐ No

If so, what type? _____



Where is the space you have available for an athlete? (please describe) _____

Will the player have their own bathroom? If not, who will they be sharing with? _____

Are there any special circumstances (allergies, religious observances, value sets) that we need to be aware of when matching a player for your home? (Please describe)

Parent/Guardian 1 Signature

Date

Parent/Guardian 2 Signature

Date

Thank you for your interest! The Billet Manager will be in touch with you shortly.

