



## Lethbridge Hurricanes Billet Family Application Form

### A. Applicant Information

Primary Contact Name: \_\_\_\_\_

Secondary Contact Name (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Phone (Primary): \_\_\_\_\_

Phone (Secondary): \_\_\_\_\_

Email Address: \_\_\_\_\_

Preferred Method of Contact (Check One)

- ☐ Phone  
☐ Email  
☐ Text

### B. Household Information

Type of Residence (Circle One)

- ☐ House  
☐ Townhouse  
☐ Apartment/Condo  
☐ Other: \_\_\_\_\_

Do you own or rent your home? \_\_\_\_\_

Number of Bedrooms in the Home: \_\_\_\_\_

Number of Bathrooms: \_\_\_\_\_

Do you have a private, enclosed bedroom for each player?

- ☐ Yes  
☐ No

Do the player(s) have access to a private or semi-private bathroom?

- ☐ Yes  
☐ No

Is your home smoke-free?

- ☐ Yes  
☐ No

Do you have pets? If yes, please specify: \_\_\_\_\_

Are there teenage females in the home? If yes, list ages: \_\_\_\_\_

Does anyone smoke or vape inside the residence?

- ☐ Yes  
☐ No

Is your home clean, safe, and stable with nutritious meals?

- ☐ Yes  
☐ No

Are you willing to enforce team rules and curfews?

- ☐ Yes  
☐ No

## C. Family & Lifestyle Information

Who lives in your household? (List names and relationships)

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Have you hosted a billet before?

- ☐ Yes  
☐ No

If yes, for which team(s) and when? \_\_\_\_\_

Why do you want to become a billet family?

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Can you provide wholesome meals and support to a young athlete?

- ☐ Yes  
☐ No

## D. Transportation & Player Support

Can the player rely on you for occasional transportation?

- ☐ Yes  
☐ No

Do you prefer a player who (check all that apply):

- ☐ Has own transportation
- ☐ Needs transportation
- ☐ Is self-sufficient
- ☐ Needs some support

How many players are you willing to billet?

- ☐ One
- ☐ Two

## E. Preferences & Notes

Do you have any preferences regarding the player's age, driving status, or independence?

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Additional notes or concerns:

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## F. References

Reference 1 - Name, Relationship, Phone/Email:

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Reference 2 - Name, Relationship, Phone/Email:

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## G. Agreement

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

Applicant Signature: \_\_\_\_\_

Co-Applicant Signature (if applicable): \_\_\_\_\_



**LETHBRIDGE MINOR HOCKEY ASSOCIATION**

PROVIDING LETHBRIDGE A STRUCTURED HOCKEY PROGRAM FOR YOUTH SINCE 1954.

KINDNESS-RESPECT-TEAMWORK-SUPPORT