

Renfrew Wolves Jr A Hockey Club

Please complete, sign, and return via e-mail to Jessica Schroeder at  
jess\_mccrea@live.com.

**HOSTING FAMILY INFORMATION /  
APPLICATION FORM**

(Applicant Must Over the Age of 21)

First/Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_

**Please Complete The Following Questions**

**Have you billeted in the last 2 years?** Yes No Which Year(s) \_\_\_\_\_

**Family Members:**

Partner / Spouse: \_\_\_\_\_

Child Name: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Child Name: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

**Pets:** Do you have any pets? Yes No What kind of Pet Do You Have? Cat / Dog /Other \_\_\_\_\_

**Name of Pets:** \_\_\_\_\_

**Allergies:** Does anyone in your household have allergies we should be made aware of? Yes No ( Food etc.)

**If yes.** Which Family Member \_\_\_\_\_ Allergy Type: \_\_\_\_\_

**Does anyone in your family smoke?** Yes No. ( If a smoking household, families refrain from smoking in the household while players are living /being billeted)

**Leave:** Do you anticipate anytime during the billet period that there will not be an adult in the household due to work, vacation, or other obligations. Yes No. If yes, please list month/dates: \_\_\_\_\_

**Does your home have required private accommodations?** Yes No **Does your home have internet?** Yes No

**(Internet /WIFI is a requirement for billeting.** Please speak to your billet coordinator if you do not have internet /WIFI)

**Number of billets you are interested in hosting?**

**Briefly explain why you are interest in billeting.**

---

**\*\* Commitment and Important Dates**

Host Family commitment to the player begins around August 23<sup>rd</sup> of each season and ends at the end of the season which may run until the end of March and into April. (Pending Playoffs and CCHL league schedule changes)

Players will be allowed to leave the billet home during Christmas holidays which are generally between December 21<sup>st</sup> to January 1 - 2<sup>nd</sup> (Dates are subject to change as per CCHL) Official start dates and holiday schedule will be provided. Players MUST have written approval by the Head Coach for any other leave of absences as per player rules stated in their player agreements. Some players may not be able to return home and will require to stay through the holidays. Please communicate with players families and your billet coordinator.

Please ensure your e-mail address is correct and up to date for billet fees to be accurately deposited. I acknowledge that I have read the above in full and received and read and received the billet policies.

Billet Primary Parent Full Name \_\_\_\_\_ (Please Print Clearly)

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