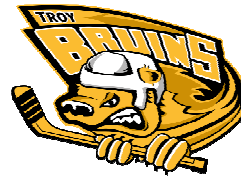


Troy Bruins Billet Family Application

Troy Bruins Hockey Team



Name(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____

Home E-mail: _____

EMERGENCY NUMBER TO BE REACHED AT: _____

Husband's Cell Phone: _____

Husband's Work Phone: _____

Husband's Work E-Mail: _____

Wife's Cell Phone: _____

Wife's Work Phone: _____

Wife's Work Email: _____

Do you have children? Yes____ No____

If so, please list names and ages: _____

Do you have any pets? Yes____ No____

If so, please list: _____

Do you have a regular meal schedule? Yes____ No____

Does anyone in your family smoke? Yes____ No____

Would the player(s) have access to your vehicles? Yes_____ No_____ Maybe_____

Would the player(s) have his/their own room? Yes_____ No_____ Maybe_____

Would the player(s) have his/their own bathroom? Yes_____ No_____

Reasons for wanting to be a host family: _____

Questions or comments: _____

The Troy Bruins organization would like to THANK YOU for taking the time to fill out the questionnaire. A member of our organization will be contacting you soon regarding the possibilities of housing in the future.

Please mail the completed form to:

***Troy Bruins Hockey Team
P.O. Box 829
Troy, OH 45373***

Or Email to rick@troybruins.com

www.TroyBruins.com