



CSAHA Tigers AAA Billet Program Player Information Form

Player Contact Information

Player's Full Legal Name: _____

Preferred Name: _____

Player's Cell Phone: _____ Player's E-mail Address: _____

Player's Birthday: _____

Family Contact Information

Father's Name: _____ Mother's Name: _____

Address where information should be sent:

Street: _____

City: _____ State: _____ Zip: _____

Father's Home Phone: _____ Mother's Home Phone: _____

Father's Cell Phone: _____ Mother's Cell Phone: _____

Father's E-mail: _____ Mother's E-mail: _____

Previous Billet Experience:

Have you ever been billeted before? _____

Was it a positive experience? _____

If no, what were the issues:

*** Returning Players Only ***

Would you like to be housed with your Billet family from last season (if possible)? _____



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Player Information

Estimate date/time that you will arrive in Colorado Springs: _____

Will you be attending High School in Colorado Springs during the 2020-2021 season?

Will you be completing high school courses online during the 2020-2021 season?

Will you take any college classes (either live or online) during the 2020-2021 season?

Will you work part-time during the 2020-2021 season?

Player Information and Preferences

Please list any allergies: _____

Will you be bringing your vehicle for the whole 2020-2021 season? _____

Would you be ok to live in a house with children at home? _____

Would you be ok to live in a house with pets? _____

Please list some of you favorite foods:

Breakfast: _____

Lunch: _____

Dinner: _____

Snacks: _____

Beverages: _____

Please list any foods you dislike: _____

What is your favorite pre-game meal? _____



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Please provide any additional information you believe would be helpful for us as we match you with a billet family:

PLEASE EMAIL COMPLETED FORM TO: billetcoordinator@tigershockey.club