



CSAHA Tigers AAA Billet Program
Billet Family Information Form

Family Contact Information

Parent 1 Name: _____

Parent 2 Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

School District: _____

Parent 1 Home Phone: _____ Parent 2 Home Phone: _____

Parent 1 Cell Phone: _____ Parent 2 Cell Phone: _____

Parent 1 E-mail: _____

Parent 2 E-Mail: _____

Previous Billet Experience

Have you ever been a billet family before (circle one): Y / N

If yes, was it a positive experience (circle one): Y / N

If no, what were the issues:



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Player Preferences:

Are you willing/able to accommodate player(s) with food allergies (circle one): Y / N

Are you willing/able to provide rides for player(s) to and from the rink and workouts (circle one): Y / N _____

Do you have children (circle one): Y / N

If yes, how many and what ages? _____

Do you have any pets (circle one): Y / N

If yes, what type and how many? _____

Do you sit down for a family style dinner at a set time?

Please provide any additional information you believe would be helpful for matching you with the best possible billet player:
