

Iroquois Falls Jr A Hockey Club

Please complete, sign, and return via e-mail to your billet coordinator.

Stephanie Giguere. E-mail: Stephaniegiguere@outlook.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)

Is there any other information you feel is important to know when placing a Billet Player in your home? _____

**** Commitment and Important Dates**

Host Family commitment to the player begins around August 20th 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 NOJHL league schedule changes)

Players will be allowed to leave the billet home during Christmas holidays which are generally between December 20th to January 2nd (Dates are subject to change as per NOJHL) 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.

Renumeration: Host Families will receive **\$550.00/month** for each player they are hosting. Fees are paid to Host Families on the **10th of each month via e-transfer by the Organization. Fees ARE NOT** to be collect or excepted by Players or Parents Directly. **Billet Player fees must be in good standing** and received by players prior to funds being transferred to billet family. ****Please read FAQ** for further conditions on prorated fees.

Billet Families will Receive 2 Regular Adult Season Passes.

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: _____