



Billet Family Application

Today's Date:

Full Name (Mr.):		Full Name (Mrs.):	
Mr. Cell Phone:		Mrs. Cell Phone:	
Mr. E-mail:		Mrs. E-mail:	
Street Address:		Home Phone:	
City:		Home Email:	
Postal Code:			
Son(s) Name Age	Daughter(s) Name Age	Kinds of Pets (List)	
Mr.'s Occupation/Employer:		Typical Schedule (Days/Week and Times):	
Work Phone:			
Mrs.'s Occupation/Employer:		Typical Schedule (Days/Week and Times):	
Work phone:			
Does anyone in the house smoke?		Circle Yes or No	
How many bedrooms are available in your household?		How many baths are available in your home?	
Is anyone allergic to anything in your household? (I.e./ Gluten, Lactose, etc. If so, please list which member and allergy type:			
How many players who you be willing to billet?			
How did you hear about the Thunder Billet Family program?			
Is there anything else you would like to tell us about yourselves?			

Please complete this application and return it to Krista Colford at kristacolford@telus.net by email: or call her at 780-542-9294(h) or 780-898-2903 (c)

Thank you for your interest in the Drayton Valley Thunder Billet Family Program.