GPAC Billeting Resource Package 2025

BILLET – PLAYER INFORMATION / APPLICATION FORM

Player First/Last Name: _____

1 - Parent First/Last Name: _____

2 - Parent First/Last Name: _____

Phone # _____ Phone # _____

Email Address_____ Email Address_____

Address: _____

City: _____ Postal Code: _____

Please Complete the Following Questions:

Date of Birth (mm/dd/yy) _____ Health Care # _____ Prov_____

Please list any Allergies or Medical Information regarding the player:

_____

_____

_____

What School is the Player Enrolling in? _____ **Grade:** _____

Do you prefer a home with other Children? Yes / No

Are you okay with a single parent home? Yes / No

Are you okay with Pets in the home? Yes / No

Please describe the players Pregame routine and meal:

_____

_____

Please list some of the players favorite snacks and meals:

_____

_____

What are the players hobbies outside of Hockey?

_____

_____

Does the player have a Drivers License? Yes / No

Does the player have a vehicle? Yes / No

Is there any other information you feel is important to know when placing the player in a home?

Full Name (Print) _____ Signature _____

Date _____