# GPAC Billeting Resource Package 2025

## HOSTING FAMILY INFORMATION / APPLICATION FORM

First/Last Name: _____

Address: _____

City: _____ Postal Code: _____

Phone # _____ Phone # _____

Email Address: _____

**Please Complete the Following Questions:**

Have you Billeted in the last 2 years? Yes / No Yes: Which Player? _____

**Family Members:**

Partner/Spouse: _____

Child Name: _____ Age:_____ Gender: _____

Child Name: _____ Age:_____ Gender: _____

Child Name: _____ Age:_____ Gender: _____

**Pets:**

Do you have any Pets? Yes / No What Type of Pet do you have? Cat / Dog / Other: _____

**Allergies:**

Does anyone in your household have allergies that we should be made aware of? Yes / No

**If Yes:** Which Family Member _____ Allergy Type: _____

**Does anyone in your Family Smoke?** Yes / No

**Does your home have the required private accommodation?** Yes / No

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

_____

_____

_____

Full Name (Print) _____ Signature _____

Date _____