



## **Billet Player Profile 2023-24**

Team:	Birth Year:		
First Name Last Name			
Cell Phone	Email		
Parent Contact			
First Name	Last Name		
Cell Phone	Fmail		
First Name	l ast Name		
Cell Phone	Email		
Address	City	State	Zip
Profile 365 Performance Hockey Acader What are your plans for attending Do you plan to work part-time?  Do you drive and have a car?  Estimated date you expect to arri Are you fully vaccinated against of Please list all allergies (food and	g school? Yes No Yes No ive in Colorado: COVID-19? Yes No OR p	orefer not to ans	swer
D 16 4	vorite foods (this is <i>very</i> helpful fo	or the host famil	у)
Beverages			
Please list any specific dislikes			
What do you like to do in your fre			
Have you billeted before? Yes	□ No If yes, was it positive?		
Siblings living at home (names)			

Please return to our billet coordinators at: <a href="mailto:billet@corampage.org">billet@corampage.org</a> Rie Sanchez 808-729-2175 or Kelly Moon 719-964-1965