



## HUDSON HAVOC BILLET FAMILY APPLICATION

Thank you for your interest in becoming a Hudson Havoc Billet Family. Please complete the application and return to [havocbilleting@gmail.com](mailto:havocbilleting@gmail.com). If you have any additional questions, feel free to reach out to the email address listed above.

### **Male Guardian Information**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Home Address:

\_\_\_\_\_

Phone Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Email Home: \_\_\_\_\_ Work: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Are you required to travel for work? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes, explain:

\_\_\_\_\_

Work Schedule:

\_\_\_\_\_

### **Female Guardian Information**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Home Address:

\_\_\_\_\_

Phone Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Email Home: \_\_\_\_\_ Work: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Are you required to travel for work? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes, explain:

---

Work Schedule:

---

**Family Members Living at Home**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ M: \_\_\_\_\_ F: \_\_\_\_\_ School: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ M: \_\_\_\_\_ F: \_\_\_\_\_ School: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ M: \_\_\_\_\_ F: \_\_\_\_\_ School: \_\_\_\_\_

Does anyone other than your children, live in your home with you? Yes: \_\_\_\_\_

No: \_\_\_\_\_

If yes, please explain:

---

**Family Pets**

Number of pets: \_\_\_\_\_

Type of Pet: \_\_\_\_\_ Indoor: \_\_\_\_\_ Outdoor: \_\_\_\_\_

Type of Pet: \_\_\_\_\_ Indoor: \_\_\_\_\_ Outdoor: \_\_\_\_\_

Type of Pet: \_\_\_\_\_ Indoor: \_\_\_\_\_ Outdoor: \_\_\_\_\_

Type of Pet: \_\_\_\_\_ Indoor: \_\_\_\_\_ Outdoor: \_\_\_\_\_

Family Hobbies/Activities:

---

---

---

What household chores do you expect your player to be responsible for?

---

---

---

Please list household rules which you would want your player to adhere to:

---

---

---

Does anyone smoke at your home? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Will the player have their own bedroom? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Will the player have their own bathroom? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If no, what would the arrangement be?

---

Do you have internet access at your home? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Distance from your home to the Hudson Sports and civic center, miles: \_\_\_\_\_

Have you ever hosted an exchange student or player before? Yes: \_\_\_\_\_ No:

\_\_\_\_\_

How many players are you interested in hosting? \_\_\_\_\_

Are you willing to adhere to all policies and procedures set forth by the Hudson Havoc Organization? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_