



M I N N E S O T A

HOST FAMILY APPLICATION

Name _____

Address _____
Street City State Zip

Home Phone _____ Cell Phone _____

Host Father Occupation _____ Work Phone _____

Host Mother Occupation _____ Work Phone _____

Your Child(ren)'s	Name(s)	Age(s)	Gender(s)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

What is the distance from your home to the Exchange Arena? _____

Have you ever hosted an exchange student or player? _____ ☐ Yes ☐ No

How many players would you be interested in housing? _____

Religious Denomination: _____

Do you have a television? _____ ☐ Yes ☐ No

Do you have an Internet connection? _____ ☐ Yes ☐ No

If so, what type/speed: _____

Do you have pets? _____ ☐ Yes ☐ No

Inside/Outside: _____ Type: _____

Does anyone in your household smoke? _____ ☐ Yes ☐ No

If so, where (inside, outside, garage)? _____

What is your work schedule (examples: 9-5, night shift, travel involved)? _____

Please describe the accommodations that will be available for the player: _____

Does your family have sit-down meals? ☐ Yes ☐ No

How often?

What meals (breakfast, lunch, supper)?

Family's favorite dishes:

Family hobbies and free time activities:

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Please list household rules the player would adhere to:

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Household chores the player would be responsible for:

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Would you notify the housing coordinator if your player was involved in drinking, drugs, or violating curfew? ☐ Yes ☐ No

Briefly, why are you interested in becoming a host family?

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USA Hockey guidelines stipulate background checks to be conducted on those that have contact with our players:

Would you complete a USA Hockey Screening Form? ☐ Yes ☐ No

Would you consent to an in-home visit and interview with a member of our staff? ☐ Yes ☐ No

Mail Completed Application to:
Deb Holthaus
PO Box 236
Little Falls, MN 56345

Please contact Deb with any questions: (320) 632-2857

The Minnesota Flying Aces appreciates your time and interest in becoming a host family!