



Junior Hockey Host Family Information Form

Host Family Contact Information:

Parent 1	<input type="text"/>	<input type="text"/>	Phone	<input type="text"/> (<input type="text"/>) - <input type="text"/>
	Last	First		
Email	<input type="text"/>			
Parent 2	<input type="text"/>	<input type="text"/>	Phone	<input type="text"/> (<input type="text"/>) - <input type="text"/>
	Last	First		
Email	<input type="text"/>			
Address	<input type="text"/>			
	Street Address 1			
	<input type="text"/>			
	Street Address 2			
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	City	State	Zip	

Host Family Questions:

<p>Do you have any children living at home? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, please provide names. (Continue on back if needed.)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">Name</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>Age</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table> <p>Do you have any pets? If so, what kind? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Does anyone in the house smoke? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Special requests:</p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div>	Name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Age	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<p>Can you provide transportation to/from the rink? <input type="checkbox"/> Yes <input type="checkbox"/> No (player must provide transportation or have own car)</p> <p>Will the player have his own room or will he share a room? <input type="checkbox"/> Own room <input type="checkbox"/> Share a room</p> <p>Family interests and hobbies:</p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div>
Name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>							
Age	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>							

Please complete and return this questionnaire to:

East Coast Eagles
 P.O. Box 4574
 Cary, NC 27519
 Attn: Billet Coordinator

Fax: 919-400-4175
 Email: ggouin@nc.rr.com
 Questions? Call Gary Gouin at 919-319-6588