



BILLET PLAYER QUESTIONNAIRE

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| Player Full Name: | |
| Parent's Name(s): | |
| Family Address: | City: PC: |
| 1 st Contact Phone Number: | 2 nd Contact Email: |
| 2 nd Contact Phone Number: | 2 nd Contact Email: |
| Player Birth date: | |
| Player Alberta Health Care #: | |
| Allergies: | |
| Do you prefer a family with children? | Would you be okay with a single parent family? |
| What is your pregame routine? | What is your pregame meal? |
| What is your preference for snacks? | What are your favorite meals? |
| Any foods that you do not enjoy? | Would you be okay with household chores? Favorite chore? |
| What are your hobbies or what do you like to do outside of hockey? | |
| If you game how long is appropriate to game to? | |
| What is your curfew during school days? | What is your current curfew before game days? |
| Do you own a vehicle? | |
| Preference on how billet family should handle issues they want to bring up to you: | |