



# Rampage MHA/Billet Host Family Application 2024-25

## Applicant

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Email \_\_\_\_\_ Phone \_\_\_\_\_  
Occupation \_\_\_\_\_ Hours/Travel \_\_\_\_\_

## Spouse/Family

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Email \_\_\_\_\_ Phone \_\_\_\_\_  
Occupation \_\_\_\_\_ Hours/Travel \_\_\_\_\_

Home Address \_\_\_\_\_  
City \_\_\_\_\_ Zip \_\_\_\_\_  
Distance to MIR \_\_\_\_\_ School District \_\_\_\_\_

List all other family and household members Name/Age/Gender/Plays for Rampage:

What is the main reason you would like to be a host family?

Has your family been a host family in the past?  Yes  No

If yes, for what program? \_\_\_\_\_

Family hobbies/activities: \_\_\_\_\_

Does anyone in the house use tobacco products? (Circle One) Yes No (if yes) Please list: \_\_\_\_\_

## Housing

How many players would you like to host? \_\_\_\_\_ Age Preference

Please select of the following which you will be able to provide (required in red)

- |  |   |                               |
|--|---|-------------------------------|
| <input type="checkbox"/> Private Bedroom   | <input type="checkbox"/> Shared bedroom | <input type="checkbox"/> Bed  |
| <input type="checkbox"/> Private bath      | <input type="checkbox"/> Shared bath    | <input type="checkbox"/> Desk |
| <input type="checkbox"/> Wireless internet | <input type="checkbox"/> Printer        |                               |

Provide transportation?  Yes  No

Pets? Please list \_\_\_\_\_

All applicants must complete the USA Hockey background check

Please return this document to: [kmoon@corampage.org](mailto:kmoon@corampage.org)

Questions? Contact Kelly Moon (719) 964-1965, [kmoon@corampage.org](mailto:kmoon@corampage.org)