



# Billet Player Profile 2024-25

Team: \_\_\_\_\_ Birth Year: \_\_\_\_\_  
First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

## Parent Contact

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Email \_\_\_\_\_  
First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Email \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## Profile

365 Performance Hockey Academy?  Yes  No  
What are your plans for attending school? \_\_\_\_\_  
Do you plan to work part-time?  Yes  No  
Do you drive and have a car?  Yes  No  
Estimated date you expect to arrive in Colorado: \_\_\_\_\_  
Are you fully vaccinated against COVID-19?  Yes  No OR  prefer not to answer  
Please list all allergies (food and non-food)  
\_\_\_\_\_  
\_\_\_\_\_

Please list below some of your favorite foods (this is very helpful for the host family)  
Breakfast \_\_\_\_\_  
Lunch \_\_\_\_\_  
Dinner \_\_\_\_\_  
Snacks \_\_\_\_\_  
Beverages \_\_\_\_\_  
Please list any specific dislikes \_\_\_\_\_  
What do you like to do in your free time (hobbies, etc.) \_\_\_\_\_  
Have you billeted before?  Yes  No If yes, was it positive? \_\_\_\_\_  
Siblings living at home (names) \_\_\_\_\_

Please return to our billet coordinators at: [kmoon@corampage.org](mailto:kmoon@corampage.org) or [billet@corampage.org](mailto:billet@corampage.org)  
Kelly Moon 719-964-1965 or Rie Sanchez 808-729-2175