



## Rampage Billet Player Profile 2026-27

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

### Parent/Guardian Contact

First Name _____	Last _____
Cell Phone _____	Email _____
First Name _____	Last Name _____
Cell Phone _____	Email _____
Address _____	City _____ State _____ Zip _____
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?  Yes  No Will you have a car in Colorado?  Yes  No  
Estimated date you expect to arrive in Colorado: \_\_\_\_\_  
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 dietary dislikes \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If provided ingredients, are you able to prepare your own breakfast/lunch? \_\_\_\_\_  
\_\_\_\_\_

What are your hobbies/interests outside of hockey? \_\_\_\_\_  
\_\_\_\_\_

Have you billeted before?  Yes  No If yes, was it positive? \_\_\_\_\_  
Siblings living at home (names) \_\_\_\_\_

Please return to billet coordinator Kelly Moon at: [kmoon@corampage.org](mailto:kmoon@corampage.org) or 719-964-1965.