



Rampage Billet Host Family Application 2026-27

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 _____

If selected as a host family all household members 17 and older, must complete the USA Hockey background check and all SafeSport training required by USA Hockey and MAAP.

Please return this document to: kmoon@corampage.org

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