Cube Development
Program of USA
Billet (Host) Information

Please complete this form in its entirety. The information gathered will assist us with qualifying Billet Families and matching families and players. We may also share this information with the players' parents/guardians to alleviate any concerns they may have about their son's living arrangements.

THIS INFORMATION IS FOR THE BILLET FAMILY:

(Family Last Name) PLEASE PRINT

PLACE OF RESIDENCE:

Street Address:

City:	State:	Zip Code:

PARENT/GUARDIAN:

Parent/Guardian # 1

First Name:	Last Name:

Does Parent/Guardian #1 work outside the home? Yes, full-time ⭘ Yes, part-time ⭘ No ⭘
   If yes, occupation: _____

Home Phone:	Work Phone:	Mobile Phone:

Email Address:

Parent/Guardian # 2

First Name:	Last Name:

Does Parent/Guardian #2 work outside the home? Yes, full-time ⭘ Yes, part-time ⭘ No ⭘
   If yes, occupation: _____

Home Phone:	Work Phone:	Mobile Phone:

Email Address:

FAMILY MEMBERS/OTHER OCCUPANTS:

Child's Name:	Age:	Child's Name:	Age:
Child's Name:	Age:	Child's Name:	Age:
Child's Name:	Age:	Child's Name:	Age:

Other Occupant Name:	Relationship:
Other Occupant Name:	Relationship:

PLAYER LIVING/TRANSPORTATION ARRANGEMENTS: A player should not share a bedroom with any other family member. Two *players* may share a bedroom. Transportation is to be provided by the player(s), this is not possible for international players. If transportation is not available from the billet family, the player will arrange for ride(s).

Will the player being billeted have a bedroom of their own? Yes ⭘ No ⭘
   If no, are you planning to billet multiple players? Yes ⭘ No ⭘

Anyone smoke in the home? Yes ⭘ No ⭘

Is transportation available? Yes ⭘ No ⭘

Any pets in the home? Yes ⭘ No ⭘
   If yes, list what kinds of pet(s): _____

SIGNATURE:

Parent/Guardian Name:	Date:

(PLEASE PRINT)

Parent/Guardian Signature: