



## 2009 – 2010 INDIANA ICE HOCKEY SEASON HOST FAMILY APPLICATION

Husband's full name: \_\_\_\_\_  
(last) (first) (middle initial)

Wife's full name: \_\_\_\_\_  
(last) (first) (middle initial)

Residence Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Husband's Email \_\_\_\_\_

Wife's Email \_\_\_\_\_

Residence phone: \_\_\_\_\_ Emergency contact: \_\_\_\_\_

Husband's occupation: \_\_\_\_\_ Business phone: \_\_\_\_\_

Wife's occupation: \_\_\_\_\_ Business phone: \_\_\_\_\_

Religious background or affiliation: \_\_\_\_\_

List all children:

<u>Name</u>	<u>Sex</u>	<u>Age</u>	<u>Lives at Home?</u>
_____	_____	_____	__ Yes __ No
_____	_____	_____	__ Yes __ No
_____	_____	_____	__ Yes __ No
_____	_____	_____	__ Yes __ No

List all other persons  
living in your home:

Relationship:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Hobbies and special interests your family holds: \_\_\_\_\_

Please indicate type and number of pets you have in your home: \_\_\_\_\_ Cats \_\_\_\_\_ Dogs  
\_\_\_\_\_ Other(s)

Please indicate if you have smokers in your home currently? \_\_\_Yes \_\_\_No

Please indicate your feelings about a player who uses smokeless tobacco:

\_\_\_ will receive \_\_\_\_\_ prefer player who does not use, but will accept player who uses  
smokeless tobacco,

\_\_\_ will not receive player who uses smokeless tobacco

Briefly indicate your main reasons for wishing to house a player:

\_\_\_\_\_

\_\_\_\_\_

Please describe other hosting experiences you have had:

\_\_\_\_\_

Please list two personal references (including their addresses and phone #'s):

1. \_\_\_\_\_

\_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_

***The USHL requires an annual background check for every billet parent and staff member. To conduct this check, you are required to provide the following information:***

Social Security # : Husband: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Wife : \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date of Birth : Husband: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Wife: \_\_\_\_/\_\_\_\_/\_\_\_\_

***Please sign below:***

- \_\_\_\_\_  
*Husband's signature* *Date*
  
- \_\_\_\_\_  
*Wife's signature* *Date*

***Please return to:***

***Indiana Ice, 1202 E. 38<sup>th</sup> Street, Indpls., IN. 46220  
Fax # - 317-931-4511  
Attn: Jeff Blashill***

***Please note that the application process to house a player also includes a home visit by the team general manager and housing coordinator. Once this application is received a home visit will be scheduled.***