



# ABERDEEN WINGS BILLET FAMILY APPLICATION

THANK YOU FOR YOUR INTEREST IN BECOMING A WINGS BILLET FAMILY. PLEASE COMPLETE THE APPLICATION AND RETURN TO THE WINGS BILLET COORDINATOR, MEGAN OLSON, AT 3528 ROLLING MEADOWS DR., ABERDEEN, SD 57401 OR EMAIL THE APPLICATION TO [HOUSING@ABERDEENWINGS.COM](mailto:HOUSING@ABERDEENWINGS.COM). IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT MEGAN AT 605-670-0433 OR BY EMAIL AT THE ABOVE ADDRESS.

## HUSBAND INFORMATION

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ MI:  
\_\_\_\_\_

HOME ADDRESS:  
\_\_\_\_\_

DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

PHONE HOME: \_\_\_\_\_ CELL: \_\_\_\_\_ WORK:  
\_\_\_\_\_

EMAIL HOME: \_\_\_\_\_ WORK:  
\_\_\_\_\_

EMPLOYER: \_\_\_\_\_ OCCUPATION:  
\_\_\_\_\_

EMPLOYER ADDRESS:  
\_\_\_\_\_

ARE YOU REQUIRED TO TRAVEL FOR WORK? YES: \_\_\_\_\_ NO: \_\_\_\_\_

IF YES, EXPLAIN:  
\_\_\_\_\_  
\_\_\_\_\_

**WORK SCHEDULE:**

\_\_\_\_\_

**YEARS EMPLOYED:** \_\_\_\_\_ **IF LESS THAN THREE, PLEASE LIST PREVIOUS EMPLOYER'S NAME AND**

**ADDRESS:**

\_\_\_\_\_

**WIFE INFORMATION**

**LAST NAME:** \_\_\_\_\_ **FIRST NAME:** \_\_\_\_\_ **MI:**

\_\_\_\_\_

**HOME ADDRESS:**

\_\_\_\_\_

**DOB:** \_\_\_\_\_ **SSN:** \_\_\_\_\_

**PHONE HOME:** \_\_\_\_\_ **CELL:** \_\_\_\_\_ **WORK:**

\_\_\_\_\_

**EMAIL HOME:** \_\_\_\_\_ **WORK:**

\_\_\_\_\_

**EMPLOYER:** \_\_\_\_\_ **OCCUPATION:**

\_\_\_\_\_

**EMPLOYER ADDRESS:**

\_\_\_\_\_

**ARE YOU REQUIRED TO TRAVEL FOR WORK? YES:** \_\_\_\_\_ **NO:** \_\_\_\_\_

**IF YES, PLEASE EXPLAIN:**

\_\_\_\_\_

\_\_\_\_\_

**WORK SCHEDULE:**

\_\_\_\_\_

**YEARS EMPLOYED:** \_\_\_\_\_ **IF LESS THAN THREE, PLEASE LIST PREVIOUS EMPLOYER'S NAME AND**

ADDRESS:

\_\_\_\_\_

**FAMILY MEMBERS LIVING AT HOME**

NAME: \_\_\_\_\_ \*AGE: \_\_\_ M: \_\_\_ F: \_\_\_ SCHOOL:

\_\_\_\_\_

NAME: \_\_\_\_\_ \*AGE: \_\_\_ M: \_\_\_ F: \_\_\_ SCHOOL:

\_\_\_\_\_

NAME: \_\_\_\_\_ \*AGE: \_\_\_ M: \_\_\_ F: \_\_\_ SCHOOL:

\_\_\_\_\_

\* IF A CHILD IS 16 YEARS OLD OR OLDER, PLEASE PROVIDE DOB: \_\_\_

SSN: \_\_\_\_\_

DOES ANYONE OTHER THAN YOUR CHILDREN, LIVE IN YOUR HOME WITH YOU? YES: \_\_\_ NO: \_\_\_

IF YES, PLEASE EXPLAIN:

\_\_\_\_\_

\_\_\_\_\_

IF YES, PLEASE PROVIDE, NAME: \_\_\_\_\_ DOB:

\_\_\_\_\_

SSN: \_\_\_\_\_ CELL:

\_\_\_\_\_

EMPLOYER: \_\_\_\_\_ OCCUPATION:

\_\_\_\_\_

EMPLOYER PHONE: \_\_\_\_\_ EMPLOYER ADDRESS:

\_\_\_\_\_

**FAMILY PETS**

NUMBER OF PETS: \_\_\_\_\_

TYPE OF PET: \_\_\_\_\_ INDOOR: \_\_\_\_\_ OUTDOOR:

\_\_\_\_\_

**TYPE OF PET:** \_\_\_\_\_ **INDOOR:** \_\_\_\_\_ **OUTDOOR:**  
\_\_\_\_\_

**TYPE OF PET:** \_\_\_\_\_ **INDOOR:** \_\_\_\_\_ **OUTDOOR:**  
\_\_\_\_\_

**TYPE OF PET:** \_\_\_\_\_ **INDOOR:** \_\_\_\_\_ **OUTDOOR:**  
\_\_\_\_\_

**FAMILY HOBBIES/ACTIVITIES:**

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**WHAT HOUSEHOLD CHORES DO YOU EXPECT YOUR PLAYER TO BE RESPONSIBLE FOR?**

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**PLEASE LIST HOUSEHOLD RULES WHICH YOU WOULD WANT YOUR PLAYER TO ADHERE TO:**

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**WILL THE PLAYER HAVE THEIR OWN ROOM? YES: \_\_\_\_\_ NO: \_\_\_\_\_**

**WILL THE PLAYER HAVE THEIR OWN BATHROOM? YES: \_\_\_\_\_ NO: \_\_\_\_\_**

**IF NO, WHAT WOULD THE ARRANGEMENT BE?**

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DO YOU HAVE INTERNET ACCESS AT YOUR HOME? YES: \_\_\_\_\_ NO: \_\_\_\_\_

WIRELESS? YES: \_\_\_\_\_ NO: \_\_\_\_\_

DISTANCE FROM YOUR HOME TO THE ODDE ICE ARENA, MILES: \_\_\_\_\_

HAVE YOU EVER HOSTED AN EXCHANGE STUDENT OR PLAYER BEFORE?  
YES: \_\_\_\_ NO: \_\_\_\_

HOW MANY PLAYERS ARE YOU INTERESTED IN HOSTING? \_\_\_\_\_

WOULD YOU BE SUPPORTIVE IF YOUR PLAYER WAS TRADED? YES: \_\_\_\_ NO: \_\_\_\_  
\_\_\_\_\_

IF YES, WOULD YOU BE WILLING TO TAKE ANOTHER PLAYER? YES: \_\_\_\_ NO: \_\_\_\_  
\_\_\_\_\_

PLEASE WRITE A BRIEF EXPLANATION OF WHY YOU WOULD LIKE TO BILLET  
AN ABERDEEN WINGS PLAYER:

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REFERENCES

PLEASE LIST THREE REFERENCES (NON-FAMILY MEMBERS WHO HAVE  
KNOWN YOU FOR AT LEAST THREE YEARS) WHO WE MAY CONTACT:

NAME : \_\_\_\_\_ PHONE: \_\_\_\_\_ RELATIONSHIP:  
\_\_\_\_\_

NAME : \_\_\_\_\_ PHONE: \_\_\_\_\_ RELATIONSHIP:  
\_\_\_\_\_

NAME : \_\_\_\_\_ PHONE: \_\_\_\_\_ RELATIONSHIP:  
\_\_\_\_\_

DO YOU OBJECT TO HAVING A CRIMINAL BACKGROUND CHECK RUN ON YOURSELF AND ALL ADULT MEMBERS OF YOUR FAMILY? YES \_\_\_\_\_ NO \_\_\_\_\_

DO YOU OBJECT TO HAVING PERIODIC MID-SEASON HOME INSPECTIONS? YES \_\_\_ No \_\_\_

DO YOU OBJECT TO RECEIVING PERIODIC PLAYER BED CHECK CALLS NEAR CURFEW TIME? YES \_\_\_ No \_\_\_

ARE YOU WILLING TO ADHERE TO ALL POLICIES AND PROCEDURES SET FORTH BY THE ABERDEEN WINGS ORGANIZATION? YES: \_\_\_ NOT: \_\_\_

WINGS PLAYERS REPORT TO ABERDEEN IN LATE AUGUST AND WILL REMAIN UNTIL THE END OF THE SEASON IN LATE MARCH OR APRIL. PLAYERS PROVIDE THEIR OWN TRANSPORTATION AND CELL PHONES. THE TEAM ASKS ITS HOST FAMILIES TO PROVIDE A SEPARATE BEDROOM FOR THE PLAYER OR PLAYERS. IT MUST BE FURNISHED IN A MANNER CONSISTENT WITH A COLLEGE DORMITORY ROOM (BED, DESK, CHAIR AND INTERNET AVAILABILITY). PLAYERS ARE EXPECTED TO UPHOLD ALL HOUSE RULES, FOLLOW TEAM CURFEW, KEEP A CLEAN ROOM AND DO THEIR OWN LAUNDRY. MEALS (BREAKFAST, LUNCH, DINNER) ARE TO BE EATEN WITH THE HOST FAMILY UNLESS OTHER ARRANGEMENTS FOR THE DAY HAVE BEEN MADE BETWEEN THE PLAYER AND THE FAMILY. (PLEASE BE AWARE THAT MANY PLAYERS HAVE A LARGE FOOD REQUIREMENT BECAUSE OF THE PHYSICAL DEMANDS OF JUNIOR HOCKEY). HOUSING FAMILIES ARE COMPENSATED \$300 PER PLAYER PER MONTH TO ASSIST GROCERY EXPENSES.

HOST FAMILIES WILL ENJOY THE FREEDOM OF BEING ABLE TO TEMPORARILY LEAVE TOWN DURING THE SEASON PROVIDING ARRANGEMENTS HAVE BEEN MADE IN ADVANCE WITH THE WINGS ORGANIZATION.

SIGNATURE: \_\_\_\_\_ SIGNATURE:  
\_\_\_\_\_