

## Wilderness Billet Family Application

## Care Giver #1

Name:		Age:	Phone:
Address: City:	State:	Zip:	
Email:			
Care Giver #2			
Name:		Age:	Phone:
Address:			
City:	State:	Zip:	
Email:			
Please list all other members (full or part time and age).	ne) of the househo	old (name,	relationship, male/female
We require a private bedroom, only share bathroom if not a private bath. We require most players are over 6'. What type of arro Semi-Private Bedroom (such as part of the bath share)	e at least a XL tw angement? Share	vin bed but a room wi	full or larger is ideal as th another person?

Do you have any pets? If yes, what kind? (Species and Breed) How many?

Does anyone in the household smoke? If yes, inside or outside?
What household chores would your player(s) be responsible for?
Please list any household rules which you would want your player(s) to abide by.
What are your household work / school / activities schedules? Does it involve travel?
How often do you eat meals as a family? What does mealtime typically look like?
Does your family have any allergies? If so, what are they?
Does anyone in your family have unique or special dietary needs?
How would you describe your eating habits? (ie. Ultra-healthy, a fair amount of fast food or somewhere in between?)
Describe your family's religious affiliation. (Optional. Answers will only be used if you would like us to try to match players with similar belief systems)
Does anyone in your household speak another language?

