



SALMON ARM SILVERBACKS 2019-20 BILLET APPLICATION FORM



Thank you for your interest in becoming a Billet for the Salmon Arm Silverbacks. All information obtained will be kept confidential. Upon receipt of your completed form, you will be contacted for an interview.

Please return completed form to: **Salmon Arm Silverbacks 2600 - 10th Ave NE , Salmon Arm BC , V1E 2S4**

1. **LAST NAME:** _____ **FIRST NAME:** _____

Home PH: _____ Work PH: _____ CELL PH: _____

E-MAIL ADDRESS(ES): _____
WORK

OCCUPATION: _____ HOW LONG: _____

2. **LAST NAME:** _____ **FIRST NAME:** _____

HM PH: _____ WK PH: _____ CELL PH: _____

E-MAIL ADDRESS(ES): _____
WORK

OCCUPATION: _____ HOW LONG: _____

ADDRESS: _____
STREET NAME POSTAL CODE

AREA OF CITY: _____ **DRIVE TIME TO SHAW CENTRE:** _____ **MINUTES**

OWN: YES NO RENT: YES NO HOW LONG: _____

PLEASE LIST ALL OTHER MEMBERS OF YOUR HOUSEHOLD:

NAME: _____ AGE: _____ MALE FEMALE

NAME: _____ AGE: _____ MALE FEMALE

NAME: _____ AGE: _____ MALE FEMALE

NAME: _____ AGE: _____ MALE FEMALE

NAME: _____ AGE: _____ MALE FEMALE

HAVE YOU BILLETED FOR THE SILVERBACKS PREVIOUSLY? YES NO IF YES, WHICH SEASON(S): _____

ARE YOU WILLING TO BILLET MORE THAN ONE PLAYER?

YES NO DEPENDS (PLEASE SPECIFY) _____

ARE YOU WILLING TO PROVIDE TEMPORARY HOUSING (UP TO 2 WEEKS) FOR PLAYERS IN TRANSITION?

YES NO DEPENDS (PLEASE SPECIFY) _____

DO ANY MEMBERS OF THE HOUSEHOLD SMOKE? YES NO **LIST ALL PETS:** _____

PLEASE DESCRIBE THE LIVING SITUATION YOU HAVE FOR PLAYERS:

PRIVATE BEDROOM SHARED BEDROOM (PLEASE SPECIFY WITH WHOM) _____

PRIVATE BATHROOM SHARED BATHROOM (PLEASE SPECIFY WITH WHOM) _____

OTHER: _____

SIGNATURE

SIGNATURE

DATE