



**THE QUEST FOR THE CUP.
IT STARTS NOW!**

Billet Family Application

Name: _____ Home Phone: _____

Mailing Address: _____ Work Phone: _____

_____ Cell Phone: _____

E-Mail Address: _____

Physical Address (if different than mailing): _____

Marital Status: _____ Do you have Children: _____

Please provide name, sex, and date of birth for all residents (including children) of your home:

Bedroom size (dimensions): _____ Actual bed size/type: _____

Is the room equipped with a smoke alarm? **Yes / No** Do you have internet access? **Yes / No**

How many miles is it from your home to the Colisée? _____

Do you have any animals? **Yes / No** If yes, type & breed: _____

Please provide the name and phone number of two character references:

Please send completed form to:

Lewiston MAINEiacs Billet Coordinator

c/o Lewiston MAINEiacs Hockey Club, LLC
190 Birch Street Street
Lewiston, ME 04240

Or by email to Ron Guerin (Risk Manager / Billet Coordinator): rguerin@lewistonhockey.com
Tel: 207-333-FANS (3267) Ext. 301



Lewiston MAINEiacs Hockey Club, LLC
190 Birch Street – Lewiston – Maine – 04240
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