USA HOCKEY NATIONAL TEAM DEVELOPMENT PROGRAM <u>PLAYER QUESTIONAIRE</u>

2012-2013

Name	Cell Phone			
Nickname	Home Phone			
Home Address				
City				
Email Addresses				
Age Birthdate	What position do you	ı play?		
Parent's names & ages				
Sibling's names & ages				
Family Pets/What type				
Do you have your Drivers License				
If not, when will you have your licen	se?			
Will you bring your own car ?	If not, when do you expect	to have a car?		
Allergies				
Other health issues host family should	d be aware of			
Religious affiliation/Do you attend re	gularly?			
Favorite Subjects				
Fast Foods/ how often do you eat it?				
Foods you don't like at all				
Favorite Books				

avorite Movies	
Vhat do you like to do in your free time?	
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lobbies/other sports	

Are you an introvert (quiet) or an extrovert (outgoing)?

Please check to what degree you are familiar with the following:

Theuse check to what degree you are fulliture	<u>VERY</u>	<u>SOMEWHAT</u>	HAVE <u>NEVER DONE</u>	
Making own lunch				
Doing own laundry				
Cleaning own bathroom				
Cleaning up after yourself after a me (i.e. dishes to sink or dishwasher)	al			
Reheating a meal in a microwave				
Helping out around house/chores				
Tell us how comfortable you are with the following:				
Pets				
Young children				
Talking to adults				

We expect the USA players to do their best to become part of the host family. Please describe how you would accomplish this:

Please describe your usual dinner hour (family meals, eat on our own, eat out often, carry in)_____

Do you or your family have contacts in Ann Arbor that you would like us to approach to consider being a host family? If yes, please provide name, address and phone number below.

No____ Yes____

Please share any additional information about yourself and/or your family that you feel would be helpful in assisting USA Hockey in making a good housing match for you.

Player Signature_____