



Traverse City Pit Spitters Host Family Application

IMPORTANT!

You must **DOWNLOAD** this form **FIRST**, then fill out the downloaded version in order to submit it digitally. If you fill it out online, your changes will not be saved or submitted.

Name: _____

E-mail: _____

Address: _____

City/Zip: _____

Home Phone: _____

Mobile: _____

Have you or anyone in the household been convicted of a felony? ____ Yes ____ No
If Yes please explain:

How many players could you house during the regular season/play-offs? (May-Mid August)

Do you own any pets? ____ Yes ____ No

If yes, how many? What kind?

Does your household smoke? ____ Yes ____ No

Will you allow a player to smoke or use any other forms of tobacco? ____ Yes ____ No
If yes, would you allow it inside/outside? ____ Inside ____ Outside

Will you allow overnight guests?
____ Male ____ Female ____ Either is fine ____ Not at all ____ Special Occasions

Will you allow the player(s) to entertain guests in your home?
____ Male ____ Female ____ Either is fine ____ Not at all ____ Special Occasions

Will you be able to provide transportation if they do not have a car? ____ Yes ____ No

If the player has a car, is there adequate parking at your home? ____ Yes ____ No

What type of accommodations would you be able to offer the player? (Bedroom (ex. Own room, shared room) and storage (ex. Dresser, closet))

Would the player(s) be responsible for their own meals? ____ Yes ____ No

Would you want the player(s) to interact with your children? ____ Yes ____ No

Would you be willing to make the needed contacts to the player's family if an emergency arose? ____ Yes ____ No

Approximately how far do you live from the stadium?

Would you prefer a player who is single or married? ____ Single ____ Married ____ Either

Why do you feel you would make a good host family, and what benefits do you offer that make you a suitable candidate?

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